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ABSTRACT

Project objectives and descriptions of 6 county migrant health projects are summarized and evaluated. The project services provided the migrant worker and his family included hospital, dental health, eye examination, nutrition, school health, maternal and child health, sanitation, and social services. Clinical and outreach activities in the project area were improved by fuller staffing of and an increase in the number of migrant clinics. As a result, evening dental clinic services were established in conjunction with each migrant clinic, interpreter service and transportation were increased to reach the maximum number of workers, and emergency medical care in the hospitals showed a remarkable decline. Environmental facilities for migrants are being steadily upgraded by legislative improvements, by interdepartmental planning, and by local health agency cooperation. Data by county and by service provided are shown in the tables. A related document is ED 058 995. (HBC)

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1971 ANNUAL REPORT

MIGRANT HEALTH PROGRAM

NEW JERSEY STATE DEPARTMENT OF HEALTH

RC-006320

NEW JERSEY STATE DEPARTMENT OF HEALTH
MIGRANT HEALTH PROGRAM

Evening Clinics
1971 Season

Physical Exam ● **Immunization** ● **Health Tests** ● **Dental Check** ● **Social Service**

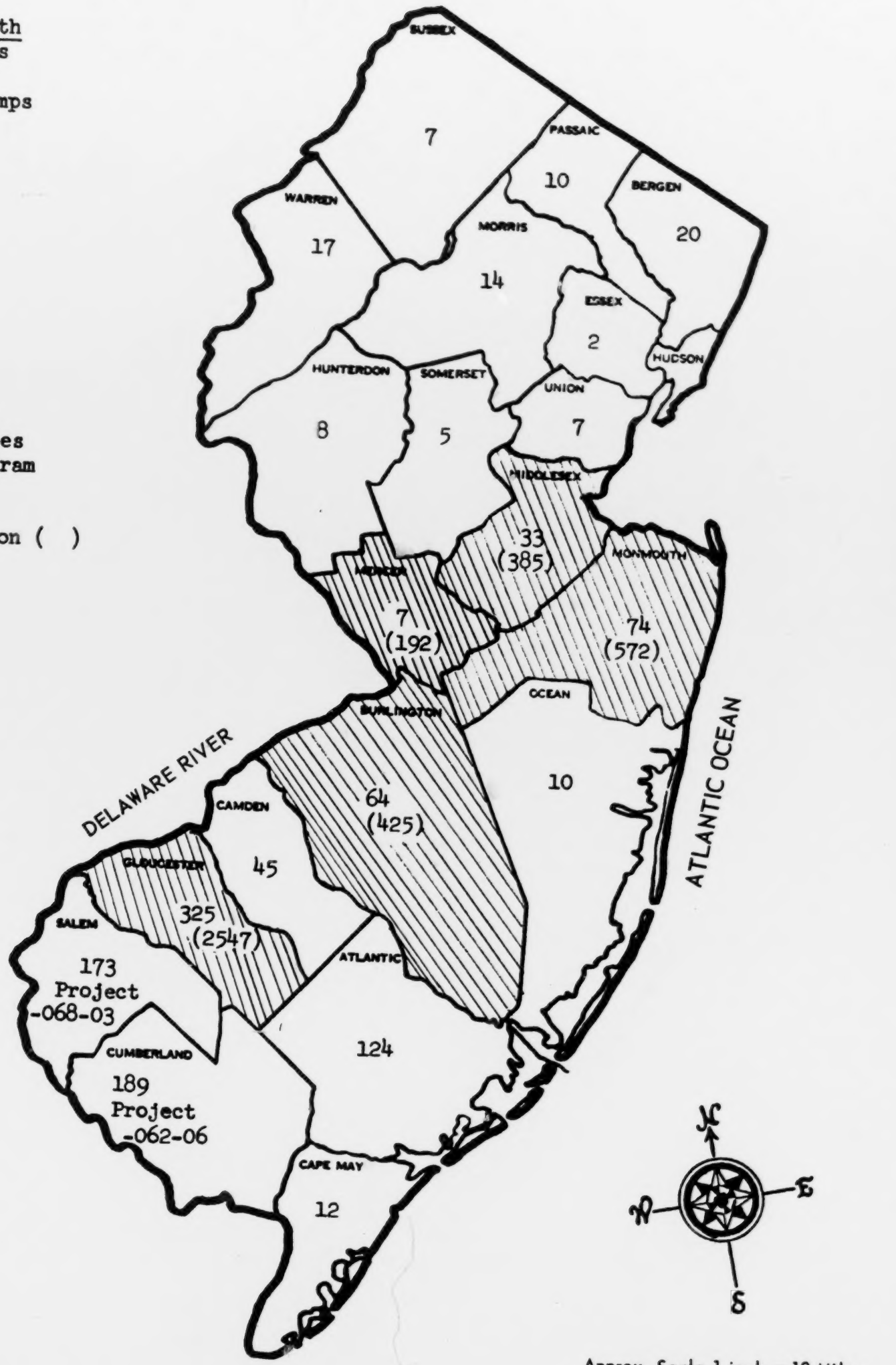
Phone for Appointment or Ask the Public Health Nurse

COUNTY	AGENCY	PHONE
Cumberland	**Cumberland County Health Department**	**(609) 451-8000**
Tuesday and Thursday, 7:00 P.M. at the Bridgeton Hospital		*June 8 thru August 31*
Gloucester	**Gloucester County Visiting Nurse Association**	**(609) 845-0460**
Family Clinic, Thursdays, 7:00 P.M. *Dental Clinic, Tuesdays and Thursdays, 6:00 P.M.*	*at Gloucester County Health Center, Carpenter Street, Woodbury*	*July 8 thru August*
Middlesex & Mercer	**Middlesex County Visiting Nurse Association**	**(201) 249-0477**
Family Clinic and Dental Clinic *Wednesdays, 7:30 P.M. at Cranbury School, Main Street, Cranbury*		*August thru October*
Monmouth	**MCOSS Family Health and Nursing Service**	**(201) 462-0621**
Thursdays, 7:30 P.M. at Freehold Health Center, 37 March Street, Freehold		*July 22 thru September 23*
Dental Clinic Mondays at Jersey Shore Medical Center, Neptune		*July 26 thru August 30*
Salem	**Salem County Health Department Migrant Health Program**	**(609) 769-2800**
Family Clinic, Tuesdays, 6:00 P.M. at Salem County Memorial Hospital		*July 6 thru August 31*
Physical Examination Clinic, Tuesdays, 6:00 P.M. at Salem County Health Department		*July 6 thru August 31*
Dental Clinic, Mondays and Wednesdays, 6:00 P.M. at Salem County Health Department		*July 7 thru August 18*

M7666

Migrant Health
Project Areas
With
Number of Camps

Project -058
Shaded Counties
Contract Program
Services
with
Peak Population ( )



New Jersey State Department of Health

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John Harrison, V.M.D., Chief, State Health Aid

Thomas B. Gilbert, B.S., M.P.H., Coordinator, Migrant Health Services

AGENCIES SERVING UNDER CONTRACT

Burlington County Health Department
Walter Trommelen, H.O., County Health Coordinator

Community Health and Visiting Nurse Service of the Princeton Hospital
Edith Umbrecht, R.N., Director

Family Counseling Service of Camden County
Catherine Zimmerman, Executive Director

Family Service Agency of Princeton
Seymour Plawsky, Executive Director

Gloucester County Health Department
Henry Thompson, County Health Coordinator

Middlesex County Health Department
Laszlo Szabo, County Health Coordinator

Monmouth County Board of Chosen Freeholders, Office of the County Adjuster
Robert Wells, Director of Welfare

Monmouth County Organization for Social Service
Winona E. Darrah, Director

Public Health Nursing Association for Burlington County
Antoinette Lang, Acting Director

Visiting Nurse Association in Middlesex County
Julia Keyes, Director

Visiting Nurse Association of Gloucester County
Margaret Manning, Director

OTHER COOPERATING AGENCIES

Atlantic County Health Department
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Camden County Health Department
Harry Herman, County Health Coordinator

Camden Regional Legal Services and Farmworkers Legal Services
Max Rothman, Director

Cumberland County Health Department
William P. Doherty, V.M.D., County Health Coordinator

New Jersey Council of Churches, Department of Work With Migrants
Rev. Reinhard VanDyke, Director

New Jersey Department of Education
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Sarah E. Dougherty, Supervisor and Coordinator, School Health Program

New Jersey Department of Labor and Industry
Gabriel Coll, Chief, Bureau of Migrant Labor

New Jersey State Commission for the Blind
Joseph Kohn, Executive Director

Salem County Health Department
Laurence P. Devlin, M.D., County Health Officer

Southwest Citizens Organization for Poverty Elimination (SCOPE)

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Mary Solomon, B.S., Dietitian

MIGRANT HEALTH SERVICES
NEW JERSEY
1971

State Summary

The year 1971 brought to New Jersey for the ninth consecutive season, Federally supported migrant health services. The State Project and the two county projects had a combined funding of services from health sources valued at $375,000 annually, of which Federal grants furnished more than $250,000 during the year. Despite negative predictions from some sources, the migrant worker continued to provide an indispensable service in the production of the food crops which place New Jersey in a high rank among the States. Manpower Service figures showed a peak farm work force in the State for 1971 of 18,650, of whom 8,090 were "day-haul" local workers. Adding 1,500 children and dependents to the 10,560 "migrants" brought to 12,000 those potentially eligible for services from migrant health programs.

Coordination of Services

With the participation of the office of the State Coordinator of Migrant Health Services, special health activities were planned and organized in various counties. Services included medical and nursing care, outreach and social services, certification of water supplies and sewage disposal, hospital care, dental services, eye examination, nutrition and school health. The State Coordinator maintained liaison with other program coordinators, district offices and other State departments.

Statistical reports showed 4,359 migrants received health services in the eight principal counties, roughly the same number reached as in 1970. A tabulation of those served by the Projects indicates 50 percent were Puerto Rican walk-ins, 37 percent Southern crews, 10 percent from other States and only 3 percent were contract workers.

Project Area

The State Project area encompassed six counties of southern and central New Jersey for comprehensive outreach and clinical services, Emergency medical care and hospital services were provided in all the others, except in Salem and Cumberland Counties where services are furnished by separately funded projects.

Clinical and Outreach Programs

The State Project, by contract with two county governments and six participating voluntary agencies, planned and organized a program of clinical and outreach sources in the Counties of Burlington, Gloucester, Mercer, Middlesex and Monmouth. Through this program 1415 workers received 5,863 service visits. Diagnosis and treatment for medical conditions was furnished for 423 patients who had a total of 683 visits. Kinds of medical conditions treated showed a change in focus from earlier years, with fewer infective and parasitic diseases, and more treatment for eye problems, dental conditions and chronic diseases. Accidents, violence and skin problems continue to be prevalent. Referrals made for medical and dental care totalled 1,746. Special evening migrant clinics set up in four counties reported an attendance of 859 patients, and 214 adults receiving dental services. Public

health nurses made 1,505 visits in camps while social caseworkers made 348 visits.

Dental Services

A program of clinical dentistry and dental health education was provided for both children and adults. Funding sources for these services were provided by the State Dental Health Program, the Migrant Education Project and the Migrant Health Projects.

The migrant schools furnished 1,341 visits for 1,052 children who received a wide range of services.

The adult evening clinics supplied 232 patient visits which included restorative procedures as well as extractions.

Dental personnel included a full-time seasonal coordinator, contract dentists, dental students, hygienists and assistants.

Hospital Care

The State Project disbursed $9,667 of Federal Funds for in-patient hospital care in the Project Area. State Appropriated funds amounting to $19,287 were used to supplement Federal Funds of $28,023 in all three Projects, thus enabling the hospitals to receive 100 percent of cost. Emergency room, clinic, laboratory and other out-patient services amounted to $4,235.60 in the project area.

In addition to regular hospital services, a program of prenatal care, delivery and postpartum services was continued for the ninth consecutive year. A total of $8,356 was reimbursed to the hospitals for migrant women under the Maternal and Child Health Program.

Sanitation

In accordance with migrant camp Regulations, local and county health departments furnished certification of water supplies and inspection of sewage disposal facilities for the 1200 camps throughout the State. During 1971 installation of flush toilets in all migrant camps was completed. Legislation requiring field toilets, handwashing and drinking water regulation was enacted with the support of the health Project.

Eye Examination

The eye examination project conceived as a joint effort of the State Commission for the Blind, the Migrant Education Project and the Migrant Health Projects, continued for a third year in providing screening, examination, treatment and corrective glasses. More than 13 percent of the children screened had eye disability requiring treatment. Among adult migrants, about 90 percent examined needed/treatment. Four persons met the definition for legal blindness.

Nutrition

Efforts were made to raise the level of nutrition among migrants by employment of a skilled dietitian who was knowledgeable in the food habits of the people. Through demonstrations and diet instruction, the dietitian assisted women in food buying, kitchen management and menu planning.

Social Services

Social casework activities have been a feature of all the migrant project areas in New Jersey since 1963. The social caseworker in 1971 assumed a major role in helping patients to get to health facilities and to utilize health services. Other community benefits, such as welfare, food stamps, legal assistance were channeled toward meeting migrant needs. Four county areas were served by thrift stores stimulated by the social agencies. In 1971, 345 individuals and families were helped, and 1639 interviews were conducted.

Evaluation

Clinical and outreach activities in the project area were improved by fuller staffing and an increase in the number of migrant clinics. Evening dental clinic services were established in conjunction with each migrant clinic. Interpreter service and transportation were increased to reach the most workers possible.

Emergency medical care in hospitals showed a decline that was the most remarkable in years. However, because of the rise in hospital charges, the overall bill declined less.

Coordinated planning with other project areas and departments continued to produce improved services such as eye treatment and in school health.

In spite of greater efforts to create effective consumer representation, a number of obstacles prevented expansion of consumer boards.

By legislative improvements, interdepartmental planning and local health agency cooperation, environmental facilities for migrants have been steadily upgraded.

Objectives

To organize and support the direct provision of comprehensive health care services in the Counties of Burlington, Gloucester, Mercer, Middlesex, Monmouth.

To provide consultation to the Counties of Cumberland and Salem in the preparation, implementation and coordination of their Federal Migrant Health Projects with the total migrant health resources at all levels within the State.

To administer the direct provision of emergency personal health services for migrants in all the other counties throughout the State.

To stimulate and coordinate the provision of environmental health services to migrants by joint program planning within the Health Department at State, County and local levels and with other State Departments.

To actively participate in interdepartmental planning activities for the coordination and improvement of migrant services.

To develop innovative methods in the delivery of health care and to obtain additional support and services in behalf of migrants from a variety of resources.

To provide for participation of all elements of the community through the creation of Project Advisory Boards which will include consumer representatives in the improvement of services.

To provide continuity for migrant health services within the State, with other states and with Puerto Rico.

The totals contained in this Report, unless otherwise indicated, apply to the "Project Area," namely the Counties of Atlantic, Burlington, Gloucester, Mercer, Middlesex and Monmouth. This is a change from previous years, when Cumberland and Salem Counties were included.

The Counties of Cumberland and Salem administer separately funded Federal Migrant Projects under the same Act. The Annual Reports of the services provided to migrants in those counties can be obtained on request from the Migrant Project Director in the County Health Department in each of those counties.

This Project was Supported
in part by Grant Number
02-H-000,058 from DHEW
Under P.L. 87-692, Migrant
Health Act

BURLINGTON COUNTY

Although Burlington County continues to have an important agricultural industry, which includes apples, peaches, cranberries, corn and other crops, the need for migrant workers has again decreased. From a peak of 670 in 1970, the total was about 425 in 1971. Camps again were reduced, from 83 to 66.

Recognizing these changes, the Project again reduced the pattern of services and terminated the contract with the County Health Department. A direct arrangement with the Public Health Nursing Association beginning July 1, 1971 was designed to furnish "on-call" emergency nursing visits, to effect referrals and to supply follow-up for hospital care.

Nursing Services

Between July and October Public Health nurses made 37 camp visits to 14 different farms. Approximately 80 patient visits were made to 43 different persons.

Patients seen by the nurses on various farms represented varied groups. Some were walk-in Puerto Ricans, some unorganized Southern workers, one large Southern crew and a number of contract Puerto Ricans. Practically all were male.

Medical Care

With few exceptions, workers received medical services at the hospital. Records indicate 32 persons (all male) made 38 visits at the Out-Patient Department and 3 were admitted. Of those treated, 10 were covered by the contract workers' insurance plan. One worker received glasses from a practitioner, through the Project.

Dental Care

Late in July a Southern crew of 27 persons, the only family group seen, arrived and came to the attention of the nurses because of financial need and dental problems. The Burlington County Community Action Program assisted with food and later supplied transportation for dental care. Assisted by a Project Dental Student, 11 persons were evaluated and found in need of dental treatment. Despite repeated efforts of the Project, only 5 of the group received dental services, with 9 visits to a local dentist.

Evaluation

Because of the smaller number of migrants, a more limited program of services was designed to meet emergency needs during peak months. This required the assistance and direct intervention of the State Project to coordinate services among the agencies involved. Although this method revealed some limitations in local resources, it is felt that most basic needs were met, and at greatly reduced cost.

GLOUCESTER COUNTY

In spite of a fast-growing population and the many changes in agriculture, Gloucester County is maintaining a high rank in agricultural production. While leading the state in asparagus production, the county helps keep New Jersey second only to California in the nation as well as a leader in several other crops. The county still has the largest number of migrant camps in the State, approximately 330, with a peak population of 2547 in 1971, 15 percent less than in 1970.

To meet the difficult problem of reaching the migrant workers on these widely dispersed farms, the State Project again contracted with the Gloucester County Visiting Nurse Association and the Family Counseling Service of Camden to organize outreach services and clinic care for the workers and their families. Beginning in the Fall of 1970, a series of planning meetings were held by the State Coordinator with the County Health Coordinator and the two agencies participating.

Health care services were provided in the clinic space at the County Health Center, with the nursing service headquartered in the same building. Physician services and drugs were paid for through the nursing contract. Plans have been initiated to offer the contract for 1972 to the County Board of Freeholders.

It should be noted that although Project funds are not used for purposes of Environmental Sanitation, the County in this instance makes a substantial contribution in certifying the safety of camp water supplies through their sanitation staff.

Nursing and Outreach Services:

Starting May 10, 1971, a survey was made of 231 farms in Gloucester County. Gloucester County has many farms, but they are small in comparison to other counties. Information was obtained from last year's list as well as from the Gloucester County Health Department Sanitation Department. Of the 331 farms, 329 were agricultural and 2 were nurseries.

53 farms had no migrant laborers
164 farms were enrolled with the Glassboro Labor Camp
133 farms had single migrant laborers
36 farms had families living on them.

Most farms were surveyed by phone. Others were surveyed by an actual visit. Phone surveys were not always satisfactory as farmers were not receptive to giving information by phone and since several farmers are Italian, a language barrier made it more difficult. Letters regarding health services for migrants were mailed to all known farmers. Letters explained plans for services and invited farmer cooperation in rendering or utilizing services. Although these

letters were sent out early, many farmers were suspicious of anyone visiting or contacting migrants on their farms. This suspicion was apparently due to so many people from various agencies and State offices visiting farms for various reasons. Once that farmers understood our real mission, no major problems were presented in helping migrants. Nurses usually found themselves listening to the farmers' problems, as well as the migrant workers' problems. All farms that reported migrant workers, including families, were visited by staff nurses. The Glassboro Labor Camp was not visited because the Camp had its own medical personnel. Casefinding was done mainly by nurses and social services. Referrals were received from various Community Agencies, Legal Aid Services, Scope, farmers, hospitals, doctors and migrants. Other counties, especially Salem County, made many referrals of known migrants moving from Salem County to Gloucester County.

Social Services were always available and worked cooperatively with nurses in trying to solve all patients' social problems, as well as assisting with transportation. The Swedesboro storefront made a good beginning in the area. The nurse and social worker had space and could share mutual problems there. Referrals from that source were more numerous as the summer progressed.

Nursing service was directed toward detecting, preventing and controlling disease to provide a better state of health for the migrant population. In order to do this the following efforts were made:

a. Helping families recognize health needs.

b. Helping families assume responsibility for their own health problems.

c. Promoting health through medical supervision, guidance and general public health nursing services, including appropriate referrals.

d. Maintaining continuity of care by a team approach, locally, inter and intra-state.

e. Giving very basic health education, related to individual and cultural needs, on an individual basis, in camps, farms, and Family Clinics.

f. Understanding the cultural background of core beliefs in relation to illness and health.

Medical Care:

Family Health Service Clinics were held weekly on Thursday evenings 7:00 P.M. - 10:00 P.M. from July 8, 1971 - September 16, 1971. Clinics were held at the Gloucester County Health Center in Woodbury. Transportation was arranged by Family Counseling Services of Camden for those persons unable to provide their own. On Tuesday prior to the patients' scheduled appointments at family clinic, nurses visited farms and did tine tests on all migrants over age one. The results were then read at clinic by the physicians. Persons with positive tine tests received appropriate follow-up with X-rays and medication as needed. All migrants who came to clinic were given physical examinations. Children were immunized according to standards set up by the Maternal and Child

Health Program of the New Jersey State Health Department, May 1971. At the physicians' discretion, patients were referred to Underwood-Memorial Hospital for laboratory work. Some patients were referred to West Jersey Hospital and Cooper Hospital in Camden for further services.

Physician services were available through the year at the office of Dr. Harris, the Project Medical Director and a total of 42 patients were seen without additional charge by him under the terms of the agreement.

Prescriptions for contraceptive pills were given to women desiring assistance with family planning. However, organized family planning services were not available in the county and patients had to be referred to Camden County. Due to time and travel, few availed themselves of this service.

Although the Mobile Eye Service was available, because of timing, no patients were available on the scheduled date. Six patients were subsequently served by a local ophthalmologist, and had glasses supplied.

Drugs:

Arrangements for drugs were made at White's Drug Store, Kings Hwy. in Swedesboro. Prescriptions written by either clinic physician were marked Migrant. The person who received the drug, signed for it. The Gloucester County V.N.A. was then billed monthly by the drug store.

Dental Care:

Prior to the availability of the dental trailer, patients needing tooth extractions were referred to Dr. Cornelius Gaither in Swedesboro. The dental trailer was available July 20, 1971 - September 14, 1971. It was located on the Gloucester County Health Center property near the clinic entrance. It was staffed by a dentist, and a dental student with assistance from nurses, social workers and interpreters. Dental clinics were held Tuesday and Thursday nights from 7:00 P.M. - 10:00 P.M. During the 3 weeks a dental student was available, he did dental screening in the family clinics and also tried to teach good oral hygiene to children. Sufficient patients were scheduled for each session; however, frequently they did not show up because they were afraid, they missed transportation, they went to "Cowtown", or 4, they just forgot. Patients who had complications during extractions or restorations were referred to Dr. Gaither as the trailer was not equipped to handle emergencies or X-ray. Six patients were taken care of.

Nutrition:

The nutritionist who worked with the migrant program on a tri-county basis was well-liked by patients and staff. She was bilingual and had many excellent ideas for promotion of good food values and budgetary savings. Unfortunately she left the program early. Nurses did make an effort to discuss food patterns and nutrition, especially with pregnant and young mothers with children. Emphasis was placed on children with dental caries and iron deficiency. The Food Stamp Program in this area was of little value to the Migrant population because of distance and hours.

Health Education:

Health education was given mainly on an individual basis in the home or camp. Literature in English and Spanish was used liberally. Some literature geared to the Black population was used, but more needs to be developed and made available. As much as possible health teaching was done in the clinics. This was on a primitive level due to time, interest, equipment, space, personnel and language. We were fortunate to have a clerk-interpreter who was able to identify with the Spanish culture and work well with clinic staff.

Hospital Services:

If possible, migrants living in Gloucester County who required hospital admission, were sent to Underwood-Memorial Hospital, Woodbury.

In an effort to improve prenatal and obstetrical services, a conference was held between Mr. Henry Thompson of Gloucester County Health Department, Mrs. Margaret Manning of the Gloucester County V.N.A., Inc., Mr. William Thompson, Underwood Hospital Administrator, Mr. Richard Jones, Social Worker, Underwood Hospital and Mr. Tom Gilbert, State Migrant Coordinator. The clinic had been held at 7:00 A.M. on Wednesdays, which was a very difficult hour for migrant women to attend and still fulfill their jobs of cooking for all the field workers. Transportation and baby-sitting at that hour was also a problem. As a result the practice of the patient making two visits (one for financial screening) was reduced to one visit, at which the patient was actually seen by the physician. The early hour was changed to 7:30 A.M., which helped somewhat. Medical history was obtained by the field nurse and attached to the hospital referral form. Ten women were referred to Underwood's Obstetrical clinic for care and subsequent delivery. Several women in the southern part of the county who had previously applied for prenatal care at Salem County Memorial Hospital were followed there.

Other patients also received out-patient laboratory studies and X-rays. Some referrals for hospital services were handled at Philadelphia, Vineland, Elmer or Camden.

Evaluation:

Problems encountered in achieving program objectives fall into several areas. The first group of problems relates to the migrants themselves and the farmers and their respective attitudes.

Most migrants consider primary prevention in health care as a low priority. Most farmers do not understand health care needs of migrants and are suspicious of so many agencies sending representatives to the farms, especially during working hours. Legislation has created resistance and resentment on the part of farmers. Establishing, maintaining and implementing an advisory committee with 51 percent consumer participation was impossible to achieve in view of the lack of interest and mobility of the migrant population. Two meetings were held in an attempt to create interest, but attendance by migrants was poor.

Another area is found with shortages in the services available. There is a lack of Family Planning Services locally. Camden is the closest facility and it is not feasible for many women to get there. Many women need gynocological examinations and pap smears. Personnel is short for education in nutrition

and its relation to health, culture, and budget , especially for women and children. Competent bi-lingual staff is difficult to recruit and retain on a short term basis. The training time involved defeats much of the work and the nursing supervisor carries the major load as a result.

Consumer Participation (Minutes of Migrant Advisory Committee)

July 29, 1971

The first 1971 Migrant Advisory Committee meeting for Gloucester County was held the evening of July 29, 1971, from 7:30 P.M. to 9:00 P.M. There were ten people present, three of these were migrants. Five invited migrants who had agreed to be present were unable to be there.

Mrs. Manning, Director of the Visiting Nurse Association, opened the meeting with introductory remarks concerning the purpose of the Migrant Advisory Board. We recognize that this is a first attempt toward evaluating and improving our existing program.

An outline of the present program was reviewed with an opportunity for group discussion. This included:

a. Methods of locating migrant families
b. Home visits
c. Target groups with priorities
d. Family clinic, both medical and dental
e. Resources, medical and other
f. Services offered by the Swedesboro store front

Mr. Henry Thompson, Gloucester County Health Officer, was introduced. He discussed the role of the sanitarians emphasizing their work in checking the safety and quantity of the water supply.

Mr. Civalier, Social Worker from Family Counseling Service, pointed out that the main job of the social worker is not transportation but to make sure that available resources get to the migrant population.

Mrs. Leonicia Portalatin said that she has found it to be a good program which has served her well; however, this year she has had two girls with different medical problems that she has not felt received adequate care. This was discussed and as the girls were scheduled for family clinic July 30, 1971, it was felt that the problems would be cared for at that time.

Mrs. Crucita Vasquez stated that she is very grateful for the service provided and has no complaints.

Mrs. Betty Jo Ruiz brought up the problem of housing. The difficulty of obtaining family housing appears to be a main concern of the group. The group sees this as a problem which affects family health but one which cannot be corrected by present community resources. During the discussion it was brought out that more families arrive in the area than there are family units available. This is a problem for both the farmer and the migrant. Single men seem to find housing more easily. Families frequently arrive without a definite plan for work or a place

to go. They appear at the farm and expect to be cared for somehow. Many live in substandard houses or shacks but if they were evicted there would be no place better. The farmer is better able to provide housing that meets state requirements for single men than for families. Some farmers are required to meet stringent regulations while others do not appear to meet the same requirements. The farmers are confused and resentful.

Through the efforts of Father Riley of the Franciscan Order there are masses in Spanish weekly throughout the county. Social activities are minimal; however, Father Riley has arranged for Spanish movies every Monday night in Salem County for those who have transportation. SCOPE has provided an educational work program for the young people.

Mentioned as a problem to discuss in a future meeting is the lack of transportation or the inadequancy of transportation to health facilities.

In summary, the group feels that the health and social services generally meet health needs. More families arrive than family housing units are available; the problem exceeds the community resources.

The group concluded that the meeting had been worthwhile with a future meeting indicated. More migrants will be encouraged to attend. Another meeting was scheduled for August 18, 1971, from the hours of 8:00 P.M. to 9:30 P.M.

Respectfully compiled

Barbara K. Shaw, PHN

Members present included:

Name	Address	Representing
Cruz, Vasquez	S. A. Licciardello Swedesboro, N. J.	Migrant
Palacio, Mary	The Crossings Apts. 112 J. C. Glassboro	Migrant Interpreter
Blong, Jaqueline	N. Main St. Williamstown	Nurse (VNA)
Portalatin, Leonicia Portalatin, Maria	Rosario Sorbello Farm E. Greenwich	Migrant SCOPE - Migrant
Smith, Kathryn	Sewell R.D. 3, N. J.	VNA Board-Migrant
Shaw, Barbara K.	1007 Orienta Terr. Pitman, N. J. 08071	Nurse (VNA)
Civaliez, G. Richard	Family Counselling Services 217 S. 6th St.	Migrant Caseworker
Ruiz, Betty Jo.	Quaker Road, Micleton	Migrant

Thompson, Henry S.	Gloucester County Health Center, Woodbury, N. J.	Gloucester County Health Dept.
Manning, Margaret M.	The Crossings Apts. 219 H. C. Glassboro	Director VNA

August 19, 1971

The second 1971 migrant Advisory Committee meeting for Gloucester County was held the evening of July 29, 1971. from 8:00 P.M. to 9:30 P.M. Twelve people were present. Four of these were Migrant Consumers of service. Mrs. K. Smith was excused due to illness of a child. (Mrs. Smith represented the farmers).

The meeting opened with a brief review of the last meeting and some discussion of purpose of the Committee.

Transportation was the main topic of discussion. Mr. Leibfarth of Swedesboro who drives the bus explained many of the difficulties he encounters in picking up persons. Many times people are not ready which delays his arrival at the next stop and as this occurs from place to place enroute, he arrives late at clinic.

Families have been informed about transportation and necessity for being ready, but various factors seem to interfere with the effectiveness of this operation.

Miss Zimmerman explained that we would have both a bus and car available. The car can pick up a limited number of people thus saving bus time in out-of-the-way places. Also, transportation to hospital clinics can be provided by car.

How to get people out and interested in an advisory capacity was another question raised for discussion. Various suggestions and ideas were presented. The following was agreed upon as a proposal for next year:

1. An orientation meeting would be held on June 29, 1972 if possible. This would really be considered a first clinic session. Various people involved in the program would present various aspects of the program and, hopefully, migrants would register and make themselves known at the time.

2. Refreshments and some form of entertainment would be planned as part of this meeting.

3. The Swedesboro Town Hall or Fireman's Hall would be used, or if necessary, a church hall. Mr. Leibfarth will obtain permission for use of one of these facilities.

4. Representatives from the migrants at the meeting would be requested to serve on the committee.

5. Farmers and/or growers would be encouraged to participate and release workers to attend.

6. Interested persons would look for groups already organized (either formally or informally) to help motivate interest in the program.

The details for the above plan will be worked out prior to next June. Everyone seemed to think this would be a good start. The migrants present at this meeting said they would be back next year and would be willing to continue serving on the committee.

The meeting adjourned and no further meetings are planned for this season.

Respectfully reported,

Margaret Manning
Executive Director, VNA

Members present:

Name	Address	Representing
Ruiz, Betty Jo.	Quaker Rd., Mickleton	Migrant
Hill, Irma	Swedesboro, N. J.	Migrant
Hill, Harvey	Swedesboro, N. J.	Migrant
Vasquez, Cruz	Licciardello Farm Swedesboro, N. J.	Migrant
Blong, Jaqueline	N. Main St., Williamstown	Nurse (VNA)
Manning, Margaret	Gloucester County VNA Woodbury, N. J.	Executive Director
Shaw, Barbara K.	Gloucester County VNA Woodbury, N. J.	Migrant Nurse (VNA)
Zimmerman, Kay	Family Service, Camden	Executive Director
Palacio, Mary	The Crossings Apts. 112 J.C. Glassboro, N. J.	Interpreter
Brown, Ana L.	Family Service, Camden	Interpreter
Leibfarth, Chris	Swedesboro, N. J.	Bus-driver
Sabshin, Marcia	Family Service, Camden	Family Service

Social Services

In Gloucester County we worked very closely with the Migrant Health Program. We attended all family and Dental Clinics. We participated in and attended the meetings held with the staff and Migrant representatives.

This season we set up a center and clothing depot in a store on the Main Street of Swedesboro, Gloucester County. We invited the young Puerto Ricans for Action to assist in the store. One of the nurses assigned to the Migrant Program arranged to be in the Center every day at 1:00 P.M. We had a variety of hours from 9:00 A.M. to 9:00 P.M. and estimate in the 3 months we were open we had over 250 people in.

We arranged and coordinated a transportation service with our staff and Mr. Chris Leibfarth of Swedesboro. Enough cannot be said of Mr. Leibfarth's cooperation and help. Uniquely Mr. Leibfarth runs school buses, is part of the Fire Department, and Ambulance Corps. He knows the farmers and locations of the farms. He is highly regarded and brought a degree more acceptance of the total effort. He attended the Committee meeting and made some excellent suggestions for next year.

In June we were privileged to add to our project staff Miss Christine Mendez from Mexico City, Mexico. She was a member of the Program for International Professionals, placed in our program as an Interpreter and social worker. She is a social worker in the Mexican Welfare Department. Miss Mendez was overwhelmed by the efforts being made to reach out to the seasonal workers. In Gloucester County it was of great interest to her and to us to meet with almost 50 of her own countrymen.

The welfare "resistance program" in Gloucester County remained just that. Each welfare grant received became a major achievement for the season. Hardly any, however, were achieved without the accompaniment of the staff worker. Little effort is made in any of the services, hospitals included, to have bi-lingual staff.

Food Stamps were not readily available, cost much more than the families could afford and were generally unavailable geographically.

We had tremendous cooperation from the Blind Association and Wills Eye Hospital. We found ourselves transporting patients to Philadelphia hospitals, Camden hospitals and even making plans in Puerto Rico for returning families.

MERCER AND MIDDLESEX COUNTIES

Services in this two-county area were planned and organized to make maximum use of a coordinated approach, involving four operating agencies. Fiscal administration of grant funds were vested in the office of the County Health Coordinator via a contract between the State and the Board of Freeholders. Two subcontracts for nursing, clinics and social services were placed by the County with the Middlesex Visiting Nurse Association and the Family Service of Princeton.

Planning for the 1971 season began with the evaluation of operations in 1970 and led to a series of conferences which involved all the agencies. The decision was reached to increase support for the nursing and clinic program, and to increase transportation. The nursing outreach service was spearheaded by a nurse coordinator. The County Health Department contributed the time of their Coordinator and his Administrative Assistant, and provided additional transportation. Prescription drugs were invoiced to the county contract.

Clinic operations were based at the Cranbury School. The social service agency covered both counties. The Princeton nurse covered Mercer County, and all agencies cooperated in the joint operation.

Administration, Nursing and Clinic Services

The Middlesex Program was staffed by a supervisor (4 hrs. per week), nurse coordinator (3 days per week), staff nurse (5 days per week), community aide (5 days per week), and coordinator/statistician (4 hrs. per day). The staff nurse, community aide and secretary were directly responsible to the nurse coordinator, the supervisor provided over-all supervision for the program, the director of the agency provided the over-all administration, and the nurse coordinator had the day-to-day responsibility for the program administration.

Field nursing services in Mercer County were provided directly by the Community Nursing Service of Princeton Hospital under contract to the Middlesex Visiting Nurse Association. A close coordination was maintained between the two organizations and they joined in the operation of the Migrant Clinics.

Nursing and Outreach Services:

During June and July an extensive survey was made of farms in Middlesex County to determine where migrants would be located this year, how many were expected, when they would arrive and how long they would be in the area. Of the twenty-nine farms visited it was found that twenty-one farms would be employing migrant workers this season. Also three additional farms had camps for only seasonal or resident agricultural workers. The statistical breakdown is as follows:

4 camps with only Southern Negro workers.

7 camps with both seasonal and Southern Migrant workers.

3 camps with only seasonal farm workers.

3 camps with Puerto Rican contract workers.

7 camps with Puerto Rican walk-in workers.

The migrant worker crews and families began to arrive in early July, with most arriving around the end of the month. The primary crops of the farmers employing migrant workers are potatoes and apples. Since these crops are picked, sorted and packaged late in the growing season the workers live in our area from approximately late July to early November.

The People Picture

County	Men		Women		Children		Total	
	1970	1971	1970	1971	1970	1971	1970	1971
Middlesex	91	124	72	43	55	39	218	206
Mercer	58	29	19	11	15	15	92	55
Combined		153		54		54	310	261
							15.8%	drop

Age Breakdown:

	New Born	1-9	10-15	16-20	21-29	30-45	46-60	61 & over
Middlesex	Female and Male combined							
Female	5	22	12	12	18	7	6	0
Male				5	30	56	26	7
Mercer	Female and Male combined							
Female	2	10	3	3	6	1	1	0
Male				1	6	13	8	1

Mean Age:

	Middlesex	Mercer	Combined	Families	Middlesex	Mercer
Female	24.5	24.5	24.5	1970	18	5
Male	37.0	37.0	37.0	1971	19	4

Initially much of nurse's and community aide's efforts were concentrated on establishing rapport with the migrant workers, their family members, crew leaders and farmers. The cooperation of the crew leaders and farmers is essential in getting the migrant to sources of health care. Therefore, the services and goals of the migrant health program were thoroughly defined and explained to the crew leaders and farmers, and their cooperation was continually sought throughout the season.

A weekly camp visitation schedule was maintained in order that all migrants would be contacted on a regular basis. The schedule was flexible, however, so that the emergency and immediate known health needs could be met and resolved, as they arose. Camp visiting was done by both the Public Health Nurse and the community aide.

The Public Health Nurse while visiting the camps identified health problems and needs, referred migrants to hospitals and clinics, followed-up on intra and inter-state referrals, tested for tuberculosis with the Mantoux, interpreted and reinforced physician's orders, and instructed migrants and their families in basic principles of health, hygiene, nutrition, sanitation and accident prevention. She also informed them of the health services available in the community, especially the weekly migrant family evening health clinic.

When the community aide visited the camps she helped to locate people with known health needs, assisted assisted in finding new health problems, interpreted the migrant health program and other medical services, encouraged migrants to seek medical care and maintain optimum health through preventive and basic health practices. The community aide's special value to program personnel and to migrants was that she was sensitive to the Migrant way of life and was able to relate to them in their own language. For example, when we had been unsuccessful in discovering why a patient was not keeping her clinic appointments, the community aide found out quickly that she would not go to clinic alone with a male volunteer driver.

The three referrals systems used by the VNA utilized the efforts and knowledge of all staff members. However, the community aide, camp nurse and interagency coordinator initiated all referrals.

The three types employed during the 1971 Migrant season were: LOCAL, INTRASTATE AND INTERSTATE.

Follow-up on local referrals were done via camp visit by the nurse and community aide. New appointments were made if necessary, and the resource informed of the patient's progress. Intrastate referrals were followed-up through phone calls and occasionally conferences between county migrant staffs. The interstate system depends upon exact patient location for follow-up and we will not know the completeness of our information cycle until late winter or early spring.

Transportation was both the most crucial service and the biggest headache of our program. We stress, at this time, that whenever a volunteer system is used, there is never a sure way to guarantee drivers for riders. The agency utilized drivers available from Family Services, but encountered problems in scheduling, driver absenteeism, migrants not willing to travel with a strange person and migrants having gone to another farm to work on the day of their appointment.

Mid-season we obtained the services of three drivers employed by the County Health Department. Although the percentage of guaranteed rides increased, cars provided by the county motor pool were not always available for early morning appointments. Consequently, most screening procedures for new patients were cancelled or started late. From August 4 to October 4, 1971 the agency faced

the frustrating task of rescheduling more appointments than arranging for new dates for sick people.

Camps by Frequency of Days Visited — Month

Camp	July	August	September	October	November	Total
E. Applegate	2	2	3	4	2	13
J. Barclay	5	6	11	7	4	33
W. Barclay	3	3	3	1	2	12
H. Britton	6	10	8	-	-	24
F. Collins	1	-	1	-	-	2
Danser-Bloom	1	2	10	7	2	22
F. Danser	5	13	15	15	6	54
C.L. Dey	4	6	12	9	6	37
P. Eonaitus	1	-	4	3	-	8
Griffin Nurseries	1	-	-	-	-	-
Konuk	1	-	1	-	-	2
A.H. Lowe	1	1	5	-	-	7
Patterson	9	8	6	2	2	27
R. Perrine	1	2	1	-	-	4
R. Petty	1	-	-	-	-	1
R. Simmonson	-	1	4	-	1	6
Smith-Sigle	4	9	10	8	4	35
S. Stults	-	2	2	-	-	4
Walker-Gordon	2	3	7	2	1	15
J. Yaros	2	2	9	5	1	20
J. Zinsmeister	2	-	2	-	-	4
						331

Other Camps (out of region)-Piscataway and Middlesex Boro

Visits to Migrant Schools:

	3	7	-			

Mercer

L. Grover	4	2	4	2	0	12
R. Reed	4	5	7	2	0	18
Zydorski Bros	2	3	6	1	0	12
						42

Camp Contacts

County	1970	1971	% Change
Middlesex	748	1115	+49.2
Mercer	406	284	-30.1
Total	1154	1399	+21.2

REFERRALS

Received from Out of State - 21
Completed (patient located - 17

Sent Out of State (1970) - 35
Completed in 1971 - 33

Sent 1971 - 26

Intrastate & Local
as of November 22, 1971

Persons Referred:

Eye Clinic	- 6
Middlesex General Hospital	- 38
St. Peters Gen. Hospital	- 42
Roosevelt Hospital	- 46
Other	- 17
	149

Number Completed - 60

Referrals Sent:

Eye Clinic	- 8
Middlesex General Hospital	- 81
St. Peters Gen. Hospital	- 80
Roosevelt Hospital	- 49
Other	- 24
	242

Referrals Completed:

Eye Clinic	- 3
Middlesex General Hospital	- 23
St. Peters Gen. Hospital	- 30
Roosevelt Hospital	- 24
Other	- 18
	98

TRANSPORTATION REQUESTS:

Family Services	- 123/ (51)
County Health Dept.	- 48/ (39)
	171/90

MEDICAL CARE

Migrant Family Clinic

Again this year a Family Health Clinic for Middlesex and Mercer County migrants was held on eleven consecutive Wednesday evenings from 6-10 P.M. in the Cranbury Elementary School. This site for the clinic was easily accessible to the migrants as it is in the midst of the farming area. There was also a second-hand clothing store operated in the school by a local volunteer committee which attracted many migrants.

The clinics were staffed by 1 or 2 medical doctors, a pediatrician, a dentist and his assistant, a nurse coordinator, 2-3 staff nurses, a health educator, an interagency coordinator, a community aide and a nutritionist.

Early in the season, Rutger's University Medical School contacted our agency regarding involvement in the family clinic. The Assistant Professor of Community Medicine, who is also a pediatrician, attended several times and brought with him one or two medical students and two laboratory technicians. The medical students assisted in getting medical histories from the migrants and the lab technicians were available for lab tests such as, hematocrit, urinalysis, urine microscopic studies, sickle-dex, and dextrostix.

Representatives of other agencies also attended, i.e., Family Service of Princeton, Planned Parenthood Center of the Mercer area, Planned Parenthood Association of Middlesex County, Social Hygiene of Middlesex County, Social Security, the Food Stamp Program and the New Jersey State Commission for the Blind (Eye Mobile Unit).

Recreation for the children was provided by local volunteers and by two Princeton librarians who brought short films for children. The librarians also started a free lending library this year where books and magazines of interest to migrants, requiring varying reading skills, could be borrowed and then returned on their next clinic visit. Many migrants took advantage of this service.

Complete physical examinations and "complaint" examinations were offered to all migrants. Some laboratory tests, pap tests, G.C. Smears, drawing blood for Venereal disease and administering medications and immunizations, were done when ordered by the physician.

Medication not available at the clinic was obtained by prescription the next day and delivered to the migrant. Conditions requiring further evaluation and treatment were referred to the local hospital clinics.

Dental Care

One of the major health problems of the migrant workers was dental caries and dental emergencies. Dental services were thus made an important part of the program. By arrangement with the New Jersey State Department of Health, a dentist and a dental student assistant were present at the first five evening clinic sessions. The remainder of the weekly clinics were staffed by a local dentist and his assistant. The need for extractions was predominant, but some restorative work was also done. Few children were seen by the dentist at the evening clinic because intensive dental care was provided at the migrant schools. Dental hygiene was very poor for most of the migrants. Individual and group teaching of proper tooth brushing was done by a nurse as the migrants waited to see the dentist. However, we feel that this is not really enough for effective prophylaxis. Thorough cleaning should be done by a dentist or dental hygienist before tooth brushing will be of much help. Perhaps a dental hygienist could also work at the evening clinic in the future.

Drugs

Migrant prescriptions came from two sources: The evening family clinic and the local hospitals. Zajacs Pharmacy, located in the same block as our office, was contracted for prescription and medical supply services. The physical immediacy of this resource greatly reduced the time necessary to get medications out to migrant camps.

Upon receipt of prescriptions from an evening clinic, the nurse would verify in writing on the prescription, a migrant's status. If the prescription originated in a hospital the pharmacy would call us and obtain verbal verification. Zajac's made one sales slip per person, labeled each bottle and tube with the name of the medication and marked the sales slips by prescription number. The agency received the pink carbon slip from Zajac's for VNA records and Zajac's sent it's voucher copies to the County Health Department for payment.

Medications by M.D. Order - 208	Over-The-Counter and Equipment - 7	For Use By (supplies) Migrant Clinic - 2

July - 5 August - 74 September - 70 October - 46 November - 24

Persons Covered - 203

Eye Health Services

The New Jersey State Commission for the Blind Mobile Eye Unit was available at the evening clinic for one evening this season. Thirteen people were examined and five needed glasses. One case of Uveitis was found and treatment was arranged with a private opthamologist. Many more people, as they arrived in this area, requested eye examinations, and by special arrangement with the New Jersey State Commission for the Blind 6-13 migrants were examined at a private physician's office. Some glasses were obtained from a local optical company and by the private physician. Payment for the glasses came from designated project funds. Other migrants with eye problems were referred to Middlesex General Hospital Eye Clinic for diagnosis and treatment.

Nutrition

Some of the greatest health problems among migrant workers are diseases related to nutritional deficiencies, such as alcoholism, cardio-vascular illness, high blood pressure, diabetes, and dental problems. To help solve these problems migrants need to understand what foods provide a balanced diet and meet nutritional needs in both normal and therapeutic diets. The nutritionist worked with the migrant workers individually and in groups to promote better nutrition. Consideration was given to factors which influence food intake, such as: Cultural, religious, economic, psychological, physiological, education and available facilities for food preparation.

Every family was encouraged to apply for participation in the food stamp program. A high percentage received certification to purchase the stamps. When they had more food purchasing power, mothers were more interested in learning what foods they should buy to have an adequate diet with the least amount of money.

The nutritionist attended seven clinics and talked with migrants (about 15 per session) about feeding their families adequately to promote good health. Printed material and samples of food were distributed. A description of a few of the programs follows:

1. "Fish as a Substitute for Meat" - Served fish stew.

2. "Box Lunches" - nourishing, appetizing and economical with variety of foods - Poor and good lunch display.

3. "Citrus Juices as a Replacement for Soda for Summer Refreshment" Served orange and lemonade combination.

Many of the patients were told about following special diets for low sodium, low calorie, diabetes, ulcers, allergies, etc. The nutritionist helped them individually to adapt their prescribed diet from the family or crew meals.

Hospitalization

St. Peter's General Hospital and Middlesex General Hospital in Middlesex County were the facilities used for emergency and in-patient care. A migrant could be seen at either Emergency Room without a referral, but when we knew ahead of time we notified the hospital's nurse coordinator so that the hospital staff was prepared. Admission to the hospital was ordered and arranged by either the Emergency Room or the out-patient clinic.

Maternity care was provided at St. Peter's General Hospital. Prenatal care included: 1) Monthly visits to the out-patient clinic with examination by an obstetrician, 2) routine laboratory work, CBC, RH factor, VDRL, GC smear and Pap smear, and sickle cell prep on black patients, and 3) group classes on nutrition, labor and delivery. At the time of delivery, admission was handled through the Emergency Room. The maternity unit facilities consisted of 8 labor rooms, 5 delivery rooms, semi-private post-partum rooms, and 27 nursery cribs. A physician was on call at all times, and each area had at least two R.N.'s.

The babies of migrant mothers were examined and cared for by the clinic pediatrician on duty at all times. Classes on formula preparation, breast feeding, general hygiene and bathing a baby were offered to all patients during the post-partum hospital stay.

Number of Emergency Room Visits - 13
Number of In-patient Admissions - 6

Emergency Room Diagnosis and/or Conditions - Visits - 13

Chest Pain	- 1
Pneumonia	- 1
Infected Ulcer	- 3
URE Abcess	- 1
Fractured Ribs	- 2
Abcessed Tooth	- 2
G-U Distress	- 2
Muscle Sprain	- 1

Conditions Requiring In-Patient Care - Admissions - 6

Viral Meningitis	- 1
Hernia Repair	- 1
Breast Biopsy	- 2

Maternity Cases

Prenatal (Clinic Care)	- 6
Admission for Delivery	- 2

Health Education

In an attempt to improve the level of patient understanding, visual aids were frequently used. Pamphlets on the basic food groups, booklets on child care and pregnancy were among the migrant's favorites.

Venereal disease was an expressed concern of many migrants and farmers this year. The nurse initiated many individual and group discussions with the crews on the camps. Emphasis was placed on early recognition of symptoms, early treatment, and where treatment could be obtained.

Recipes and menus were discussed with several camp cooks. Ways to make the food more nutritious as well as palatable were stressed.

When prescriptions were delivered by the public health nurse to the migrants on the camps, many times detailed instructions were necessary. Adjustments in the time of self-administration of drugs were made to meet the needs and schedule of the individual migrant. This opportunity was also used to instruct the patient about: 1) his medical problem, 2) the action and side effects of the drugs, and 3) safety precautions and measures to be observed when taking medications.

Demonstrations were frequently used by the nurse as a method of instruction. This was especially effective in teaching infant care. Techniques and procedures of bathing, diapering, drsssing, skin care, feeding and formula preparation were shown to the mother and then she returned the demonstration. Frequent reiteration was necessary before the nurse felt that her instruction was understood, accepted and practiced by the mother.

Community Aide's Report

I have enjoyed working in the Migrant Program and I have learned that most of the people that I have met have been very nice and I have come in contact with some of the people that have quiet a few problems and sometime when you try to help them they seem to be very glad to see that someone is very interested in their problems and their health, although sometime you make an appointment for them sometime they keep them and sometime they don't but I learned that if they don't keep their appointment make another one for them and maybe they will keep it. I have also learned that some people are not as fortune as others maybe and I also learned that sometime people that comes from down South is sometime better than people you have lived around most of your life. Most of the people are very interested in their health as well as their families and then they see the nurse or the C.A. if they have been sick or doesn't feel in the best of health they let you know. I have also learned about taking peoples temperature taking their pulse and also how to give eldery people a bath in bed also how to deliver patient medicine and explain how they are to take it which I did not know before.

I would like to be included in next year program.

Pearlie M. Shephard
Community Aide

Nursing Recommendations

1. Continuation of the community aide as a migrant staff member and expansion of her duties to include administering simple first aide when the camp nurse is not available.

2. Provision for prophylaxis and more restorative dental services at the family evening clinic.

3. Continuation of drug contract with the neighborhood pharmacy and inclusion of baby bottles, humidifiers, sterilizers and diapers (by M.D.'s orders) in the contract.

4. Coordination of the migrant transportation, should be done by one non-health agency.

5. Provision in the program for a paid driver to daily transport migrants to clinics and hospitals (volunteer drivers cannot meet the need).

6. Earmarking of $150.00 in the program budget for meeting emergency transportation needs.

7. The addition of screening all migrants for Sickle Cell Anemia as well as for Tuberculosis.

8. Cooperate with other health agencies in continuing the formal health education program at the family clinics.

Mercer County Nursing Services

Because the services to Mercer County migrants were closely coordinated with the Middlesex County services and followed generally similar methods, only parts of the Princeton Community Health Service report will be recorded here, when necessary to illustrate differences.

Nursing:

The Migrant Nurse put an average of 6-8 hours weekly on the project (clinic time included). In addition a second R.N. was assigned to the Family Health Clinic for an average of 4 hours per week. Other staff members, as the need arose assisted in the Spanish interpreting on camp visits, delivered medications, followed up clinic visits, etc.

Drugs:

a) Drugs that were ordered at the Wednesday night Family Health Clinic were purchased at Forer's Pharmacy, Witherspoon Street, Princeton.
b) Drugs that were ordered when patients attended Princeton Hospital Clinics were furnished through our Hospital Pharmacy.
c) The bills for perscriptions purchased outside were itemized and sent to the State.
d) Drugs obtained at Princeton Hospital Pharmacy were submitted to the Migrant Program from the business office.

Hospitalization:

a) Admission to Princeton Hospital - no problems involved (3 people were admitted - 1 for Sickle Cell Anemia and P.I.D., 1 for eye surgery (glaucoma) and 1 for general work-up - acutely ill).
b) Referrals to the Hospital were made either from the clinic or on an emergency basis.
c) No maternity admissions
   1) 1 ante-partum patient - referral made to out of state.

Eye Examination Services:

a) Because of lack of time and availability of the Mobile Eye Unit, only 2 of our patients were able to be screened.
b) 8 patients from our camps were seen in the Princeton Hospital Eye Clinic.
   1) 1 operation done for glaucoma.
   2) 3 pairs of glasses were prescribed and received through Eyes for the Needy.
   3) Any medications needed were either filled at Forer's Pharmacy or Princeton Hospital.

Referrals:

a) Number received from out-of-state - 3. Number completed - 0. Referred to Trenton V.N.A. - unable to locate them.
b) Number sent to out-of-state - 12. Number completed - 2.
c) Within the State number of persons referred - 3. Number completed - 3.
d) Within the State number of referrals - 3. Number completed - 3.

Social Casework Services

The rendering of social work services to migrant and seasonal farm workers is the principal program emphasis of our migrant program. The aim is to help migrants cope more effectively with their everyday problems so that they can function better as individuals. This involves helping them with personal, interpersonal and environmental problems. Effective implementation of the program requires that staff reach out to the farm community, in order to understand the local situation, and to be accepted by the farmer and crew leader so that they will permit and support the delivery of our services to the migrants.

Method

Three distinct casework methods are used in reaching out to the client and in working with him on his problems. They are: the "non-problem approach", the "situational casework approach", and the "cognitive casework approach".

Through a non-problem approach a person or family is seen on "neutral ground" and there is no direct focus on problems that the client might have. This allows the working relationship to develop between the client and worker, so that at the point (if it should be reached) the client desires help in solving a problem, he

will see the professional caseworker as an understanding person to whom he can turn for assistance.

In the "situational casework approach" the worker is present during the client's actual life experience. In such a situation the worker can use himself as an observer to better understand what forces are at play, or he can actively involve himself in the problem-solving role and become a "supporting ego" which enables the client to work towards a resolution of the immediate problem.

"Cognitive casework" entails helping people with deficiencies in their thinking processes. This deficiency is generally termed "cultural deprivation." Casework services are directed at helping the client see cause and effect relationships and to sharpen his conceptualization skills as he strives to better his livelihood and his way of life.

Activities

This year, as in past years, involvement in transporting migrants for medical and social appointments served as a way of becoming known and accepted on the camps. The need for this form of entry, however, has become less important each year as the migrants have realized our role and have reached out to us for help with their social problems.

The Cranbury Bargain Basement Store was again a focal attraction for many migrants. To capitalize upon this, the nurses and other social agencies coordinated in setting up services in the Cranbury School on Wednesday nights while the store was open. Family Service provided social work counseling services Wednesday night and also arranged to have other programs represented for one or more of the Wednesday evenings.

This summer the migrants approached us asking to sign up for Food Stamps. They know of their existence and saw themselves as eligible. Over 66 migrants applied and were eligible. Of this number, 53 followed through in using their stamps. Some migrants moved on before receiving their stamps.

Fifty migrants received help around Social Security problems. Focus was on acquiring new numbers, verifying old numbers and applying for benefits.

Another activity to help the migrant to see himself in a different light was the Sunday Socials held at the Princeton YM-YWCA. This was sponsored jointly by the Y's, the Family Service Agency of Princeton and the Princeton Inter-Faith Council. Funds to finance this program were obtained through the Department of Community Affairs. On August 8th, 15th, 22nd, and September 12th, 19th, and 26th from 3 P.M. to 8 P.M. planned activities including swimming, movies, dancing, sports and crafts, as well as food provided by local churches, were offered. Over three quarters of the migrants who attended provided their own transportation. The attendance ranged from thirty-five to one hundred workers per social, depending on the weather and their work schedules.

In May of 1967 an Area Committee on Programs for Migrant and Seasonal Farm Workers was formed by the Family Service Agency of Princeton and the Family Counseling Service in Middlesex County to advise and assist them with their migrant program. In addition to its advisory function, the committee's activities include cooperation with community organizations, groups and individuals, reducing

the isolation of migrants by bringing them more fully within the range of health, education, social and other services, while at the same time avoiding duplication of effort; eliciting citizen interest and cooperation, recruiting and aiding volunteer workers, especially in making transportation to community services and resources available. The Area Committee established three sub-committees: Social Legislation, Recreation and Transportation.

"Settling-In" Activities

This year a major part of our report focuses upon the psychological, sociological and economic factors affecting a migrant's decision to leave the stream and the following through on his decision.

Someone recently made a comment that migrant workers must be happy and satisfied with their lives. After all, if they didn't like it, why would they stay with it? They're people just like we are, aren't they? If migrants didn't like their work, the farmer, the living conditions and the pay, wouldn't they just pick themselves up and move right off the farm?

A deeper level of awareness is seen when the migrant, in response to being questioned about leaving the stream, is able to give some reasons why he prefers to stay. Although the reasons mentioned may not include basic psychological motives, they show that the worker has some control over his life and environment.

In these cases it is not the social worker's job to try to convince the migrant that a settled way of life would be better or more satisfactory. Whether or not it would be better for him is highly questionable. Already burdened with heavy drinking, to what would the migrant turn when the pressures of self-support became hard to bear? Realistically, until the resources for a total rehabilitation are geared to the special problems of the migrants, a goal of increased awareness is sometimes the most that can be aimed for. However, if the migrant has worked out all of these problems (relationship with the crew leader and crew, fear of survival, alcoholism, loneliness and slum living) within himself and still wants to make the move out of the stream, he then faces a series of reality problems.

From the first moment of contact, the outreach, to the point where the migrant or family is functioning smoothly within a new community, coordinated social services are imperative to the transitional process. And most important to be remembered is that the migrant has not left the stream simply because he has moved off the farm. He has not really left until he has accepted and adapted to the new way of life.

Social Service Summary

This year as in past years, the major portion of our program has involved serving Southern migrant crews. We continued expanding our services off the camps, as well as reaching out to appropriate community resources in an effort to involve them in providing services to migrants.

There continue to be fewer farm workers each year in the Middlesex and Mercer County area. Family groups are diminishing faster than the other migrants, resulting in most of our work being directed towards single or married men who did not bring their families with them.

The migrants have a greater knowledge of resources available to them and are more likely to ask for assistance in making use of medical services, casework services, social security and food stamp benefits.

Social Service Recommendations

1) The Wednesday Evening Program at Cranbury School provided not only comprehensive medical services, but also social services. The two townships Boards of Health should be encouraged to look into the feasibility of conducting such a clinic on a year-round basis for permanent residents.

2) Community efforts to secure moderate and low-income housing should be supported.

3) Programs geared to migrants should be expanded to include rural low-income families. Many of the problems are the same.

Minutes of the First Project Advisory Board - 9/29/71

In an effort to comply with the Federal guidelines as interpreted by the New Jersey State Migrant Health Project, the Middlesex County Visiting Nurse Association, Family Service Agency of Princeton, and the Princeton Hospital Department of Community Health and Visiting Nurse Services jointly set into motion a Project Advisory Board which would have over 51 percent consumer representation.

After numerous conversations and a meeting between the Middlesex County Visiting Nurse Association and Family Service Agency of Princeton, it was decided to hold the first meeting of the Project Advisory Board on September 29th, 1971, at the Cranbury School at eight o'clock, during the time that the Migrant Health Clinic would be in session.

The people picked to serve on this advisory board are as follows: Seasonal migrants - Cleodis Theodorsha, Frank Danser Farm, Middlesex County: Laverne Whitfield, Lawrence Smith Farm, Middlesex County; Allen Perry, Dyal-Paterson Farm, Middlesex County. Year-round farm workers - Betty Dudley, Lawrence Dey Farm, Middlesex County; Marie Bronson, Simonson Farm, Middlesex County. Contractors - Tom Alexander, Lawrence Dey Farm, Middlesex County. Farm Representative - Jim Van Hise, farm manager, Frank Danser Farm, Middlesex County. Service Agency Representatives - Donna Dumpies, Middlesex County Visiting Nurse Association: Bill Rhoads, Family Service Agency of Princeton; Mercer County; Janet Aylward, Princeton Hospital Department of Community Health and Visiting Nurse Services, Mercer County.

There are other representatives from the consumer population who, it is hoped, will agree to serve on the advisory board but whom we have been unable to contact as yet.

The first meeting began twenty minutes late, at 8:20 P.M. The reason was the late arrival of Bill Rhoads and Sue Ann Kerstein who had been on the farms

trying to bring in some of the above representatives.

Attendance: Donna Dumpies, Jim Van Hise, Bill Rhoads, Sue Ann Kerstein

The poor attendance was discussed and it was pointed out that because of the poor weather over the past three weeks, this was the first week that the farmers have been able to get out into the fields to do any real harvesting. As a result, many of the people who had agreed to come did not because of the late working hours.

The purpose of the Project Advisory Board as outlined by the Federal guidelines was discussed. It was agreed that perhaps the best use of the meeting time would be discussing with Jim Van Hise some of his own personal feelings and his feelings from a farmer's point of view about the services now available to farm workers and the effectiveness of these services.

The rest of the meeting was devoted to discussing nursing and social service relationships with the farmer and how through better communication we could work more closely together and at the same time offer comprehensive case finding and follow-up of services with farm workers.

The focus was on referrals of migrants to health and social services off the farms and how this can affect the farmer's ability to harvest his potatoe crop when he needs his total work force at that particular time. It was suggested that the farmer be told of each appointment when the migrant is told, and if the farmer feels he cannot let his worker go at a particular time, he will contact the appropriate agency and let them know so that they can reschedule the appointment and inform the driver not to make the trip to bring that worker in. If the appointment is one that should not be postponed due to the severity of the problem, the farmer and agency representative should work that problem out on an individual basis at the time of the call.

The time of the services and the type of services were discussed:
A) Health - Mr. Van Hise felt that the Wednesday evening clinic was helpful and timed appropriately to reduce conflict with the farm work schedules. He has and will continue to stop work Wednesday nights to allow workers to go to the clinic. He did mention that Thursday nights were usually a quieter time in the week for the farmers.

Mr. Van Hise was not fully aware of the reason why certain workers were going for chest X-rays or the types of medical problems that were found on the camp. Perhaps better communication could be achieved if he (and other farmers) were more involved in discussing the health needs of their workers and the methods available for these needs to be serviced.

B) Social - On being asked, Mr. Van Hise said that some of the migrants reportedly liked the Sunday socials at the Princeton YM-YWCA. He did not feel that it affected their over-all working habits or type of life, however.

Because of the limited attendance at the first meeting, it was decided to close the meeting at nine o'clock. The next meeting was scheduled for Wednesday, October 13th, at 8:30 P.M., at the Cranbury School with the hope of having a greater attendance by the consumer population. Representatives of the Middlesex County V.N.A. and Family Service of Princeton will reach out to those individuals

who have agreed to serve on the board as well as to potential new members in an effort to see that every effort is made to encourage their attendance at the October 13th meeting.

Respectfully submitted,

William Rhoads
Acting Secretary

Minutes of the Second Meeting of the Project Advisory Board - 10/13/71

The meeting began at 8:30 P.M. at the Cranbury School.

Present were: Mr. James, Contractor; Marie Bronson, farm worker; James VanHise, farmer; Pearlie May Shepherd, community aide, Middlesex County Visiting Nurse Association; Donna Dumpies, nurse, Middlesex County Visiting Nurse Association; Janet Aylward, nurse, Princeton Hospital Department of Community Health and Visiting Nurse Services; Bill Rhoads, social worker, Family Service Agency of Princeton; Sue Ann Kerstein, social worker, Family Service Agency of Princeton; Lexa Billera, social worker, Family Service Agency of Princeton.

New Members: Mrs. Beatrice Rose, Leroy Grover Farm, Mercer County (contractor's wife - all year-round resident); Mrs. Pearlie May Shepherd, community Aide; Mr. Joe Burke, crew leader, Danser-Bloom Farm, Middlesex County.

Mr. Rhoads reviewed again with the members the purpose and function of the Project Advisory Board: that of reviewing program plans and services, and submitting ideas towards the development of services to meet unmet needs.

The pattern of conversation was between Mrs. Bronson, Mr. James and Mr. VanHise, discussing farming, price, the role of the contractor, farmer, worker, etc. Each participated fully in the evening's discussion.

Due to the need for members to get to know each other and have some sense of the feelings of the other members about the problems faced, much of the conversation was general and not focused on the services provided by health and social agencies. As the meeting progressed, some of these other topics were discussed.

Following is a synopsis of the topics:

1. Centralized housing - Mrs. Bronson felt that centralized housing should be provided and such would lift the quality of life. Mr. VanHise and Mr. James said such housing would not work for a number of reasons - one of them being that the workers would not work without some sense of responsibility to the landlord.

2. Migrant Housing on the Camps - the type of housing provided, the care given to it by the workers and the responsibility of fixing up damages was discussed. Mr. Van Hise felt the farmer was saddled with the responsibility of damages to the property and it was a price that he as a farmer had to pay. Mr. James and Mrs. Bronson saw the contractor as having a responsibility of seeing that the

crew leaves the camp in the condition they found it, and the farmer should expect this type of responsibility by the contractor for the actions of his crew. They saw the farmer as having the responsibility of seeing that the camp was in proper condition before the crew arrived.

3. Camp Inspectors - Both Mrs. Bronson and Mr. James felt that past history showed that camp inspectors were identified with the farmer and as such had and would overlook many infractions of the law. They cited situations. They both felt that a "good" inspector (Mrs. Bronson mentioned one who works in the area) can do much to straighten up infractions that would otherwise not be corrected.

4. Medical Care - Mr. James felt that there was good coverage of the workers' medical needs -- teeth, glasses, etc. The group felt that more could and should be done around health education (preventive health care). Mr. James felt that it should be done on the camps at night, and could be set up through the contractor.

VD was also discussed at length and the health services were encouraged to provide greater health coverage on this problem. It was recognized that in providing the above services, there will be resistance on the part of many of the workers and this resistance will need to be dealt with through interpretation and education.

5. Social Services - For those camps that have children, Mr. James suggested that a program similar to what is being conducted in Virginia, where churches provide off the camp programs for children on Saturday and Sunday, be available in the local area. The week-ends tend to be the most disruptive on the camps and getting the children away would minimize the negative effects on them of week-end camp life.

Mr. James said that the workers are going to tell all their social problems to either the nurse or the social worker and he saw these social problems as revolving around financial need. As with medical services, he feels that any problem that the migrant has should be disucssed by the nurse or the social worker with the contractor.

6. Poor turnout of members - Mr. VanHise, Mr. James and Mrs. Bronson felt that the poor turnout of the Project Advisory Board Members was not a result of working hours but that of indifference and lack of interest by the workers themselves.

7. Next Meeting - It was decided that another meeting would not be held this year, but that the committee would meet again at the beginning of the growing season of 1972. The nurses and social workers meanwhile will see what can be done to implement the suggestions that had been made that fall within each of the agency's programs.

Meeting adjourned at 10:00 P.M.

Respectfully submitted,

William Rhoads
Acting Secretary

MONMOUTH COUNTY

In spite of continued withdrawal of farmland from production as a result of residential and other development, Monmouth County continues among the leaders in New Jersey for a number of major crops. Among these products are potatoes and apples, which furnish a number of jobs for migrant workers. Estimates of reductions in migrant camps and in the total migrant population average 15 percent from 1970. Peak season workers is estimated at 572 and camps registered at about 80. Fewer Southern crews, more Puerto Rican contract workers, and reduced numbers of families and children. The Migrant Health Program in Monmouth County, operated under contract by the MCOSS Family Health and Nursing Service, conducted an extended clinic schedule, deploying experienced personnel who brought high quality services to a maximum number of workers and their families.

Administration

Personnel employed:

The Supervisor and assistant supervisor of the Freehold MCOSS Health Center assisted in the orientation and service of the program this year.

Two nurses were added to the staff and began work on June 28th. One remained until September 24th, the other until October 8th.

An additional R.N. worked in the Family Clinics which were held from July 22nd through September 23rd.

The secretary devoted 15 hours per week to the Migrant Program and assisted at the Family Clinics.

A student at the University of California, was employed as the minibus driver. He is majoring in linguistics and had just returned to the United States after living a year in Spain. His ability to speak and understand Spanish was a valuable asset. The vehicle was rented from Avis Corporation from July 6th through September 24th. The driver travelled approximately 5,106 miles, transporting migrant workers to and from Family Clinics, Monmouth County Tbc. Control Center, weekly evening dental clinics held at Jersey Shore Medical Center, general hospitals, and a local optometrist.

The Auxiliary members volunteered at the Family Clinics and contributed clothing for the migrant families.

Dr. Canto, a urologist, saw the adult migrant workers and Dr. Kayaalp, pediatrician, the children at the Family Clinics. Both physicians related extremely well to the migrant workers and their families and were well liked by them.

Nursing and Outreach Services

The migrant nurses visited all previously known farmers to determine if they were planning to have migrant workers, if so, how many and what kind of worker. Fliers announcing the dates of the Family Clinics were given to the farmers and crew leaders.

Fliers were sent to the Farmers and Growers Association advising them of the Family Clinics. Quite a few of the contract workers attended the clinics this year and expressed appreciation for the services offered.

Migrant workers were employed on 31 farms this summer in our area using all types of labor, i.e., walk-in, southern crew, other contract. A total of 330 migrants were served. Of these approximately 20 were children under 14 years of age.

Medical Care

The nurses visited the camps regularly and screened the health needs of the migrant workers carefully. Tuberculin testing was done at the camp. New reactors and previously known reactors were referred to Monmouth County Tuberculosis Control for Chest X-rays. One active case of tuberculosis was found and treated. Referrals were made as needs arose, i.e. Prenatal Clinic appointments for three women, Medical Clinics, etc.

The patients were invited to the Family Clinics at the Health Center and were transported from their camps either by their crew leaders or the minibus driver, if they did not have their own cars. Twelve clinics were held this summer on Thursday evenings from 6:30 P.M. to 10:30 P.M.

All patients were interviewed by the nurse, referred to the dentist for screening. Adults and children were examined by the physicians, immunizations given as indicated and medications prescribed. This year a supply of chewable multi-vitamins with iron were provided which the physicians gave to the families.

Five patients were referred to Planned Parenthood.

On August 12th the Mobile Eye Unit from the New Jersey Commission for the Blind came to the Family Clinic. Sixteen migrant workers were examined on that evening. Eleven required prescriptions for eye glasses which were filled by a local optometrist.

Five additional migrant workers were examined at the optometrist's office in town and glasses were provided. A local ophthamologist treated one migrant for glaucoma.

Clothing and toys were made available for the migrants when they attended the Family Clinics.

Drugs - prescriptions which were written by physicians at the Family clinics, and/or hospital clinics, filled at two local pharmacies and the medications were delivered to the migrants by the nurses. A total of 136 prescriptions were prescribed.

Dental Care - this year a total of eight Dental Clinics were held on Monday nights at Jersey Shore Medical Center. Dr. Goldberg and the dental student, Dr. Jacobs, and the dental resident at Jersey Shore, treated 50 patients who were referred from the dental screening clinic at the Health Center. Transportation was provided by the minibus. Restorative work was done as well as extractions.

Out of the 116 patients screened at the Family Clinics, only 50 could be seen and cared for. It would seem that the migrants were more willing to accept dental service than in the past.

Family Clinic for Migrants

Attendance	7/22	7/29	8/5	8/12	8/19	8/26	9/2	9/9	9/16	9/23	Grand Total
Under 1		1	1	1	2	3	1	1	2	3	15
1 - 4		2	3	2	2	5		2	2	3	21
5 - 14		1	4	3		6	1				15
15 - 44	17	18	13	16	7	17	12	6	8	2	116
45 - 64	6	9	3	12	4	6	1	1	1	2	45
65 - Over		4		1			1				6
Total	23	35	24	35	15	37	16	10	13	10	218
Attendance By Sex											
Male	22	26	14	9	9	26	8	4	4	5	127
Female	1	9	10	26	6	11	8	6	9	5	91
Total	23	35	24	25	15	37	16	10	13	10	218
Seen by M.D.	18	28	16	20	15	30	9	10	11	7	164
Seen by Dentist/ or Dental student	20	30	12	17	10	20	7				116
Seen by R.N.	23	35	24	35	15	37	16	10	13	10	218
Immunization											
Polio		2	5		1	3	1				10
DT	5		6	24	6	20	5	1	2		69
DPT		2	4			4	1				11
Small Pox										1	1
Rubella				1		3	1				5
Measleas			1				1				2

Hospitalization

One migrant worker was admitted for surgery at Jersey Shore Medical Center after being seen at Gyn Clinic. Another was admitted to Monmouth Medical Center after being seen at their Gyn Clinic. Both had been referred from the Family Clinics. Another migrant worker delivered at Paul Kimball Hospital. She had been attending Prenatal Clinic regularly at Paul Kimball and was visited frequently by MCOSS nurses for counselling. The MCOSS Auxiliary paid for a layette for the new infant.

Nutrition and Health Education

The nurses visited the camps frequently and provided health and nutrition counselling for the migrant workers, particularly prenatal patients and those family units with small children.

Six families were referred for food stamps. The nurses helped the workers to complete the forms. As of October 1st, one family had received stamps.

Late in the season, due to torrential rains, many of the southern crew workers were unable to work and therefore, did not earn money. They called the nurses because they had no food.

"Open Door", a voluntary group of citizens of Freehold comprised of ministers and lay people, gathered together twelve bags of staples and money for fresh milk for the children which the nurse delivered to the camps.

Social Services

One of the migrant workers was depressed because his wife had been flown back to Chili September 1970 due to illness. She is well now and they wished to be reunited. There was a time element involved. If she did not re-enter the United States by August 21st, 1971, her visa would expire and she would have to wait another year. The main problem was airfare. The nurse spoke to the farmer who was most understanding and he loaned the worker the money. The worker intends to stay on at the nursery and will repay the farmer.

Some referrals were received from the Mercer County Family Service concerning some migrants who had gone to them for assistance.

Consumer Participation

It was quite difficult to meet with the migrants because the migrants were working, three evenings a week had been set aside for meeting their health needs, their hours are long and hard. We did succeed in having two meetings, one on September 22nd at 4 P.M. with one migrant worker. The second worker who had been invited did not attend that afternoon because the weather cleared and she was working after a rainy spell.

The second meeting was held during the last Family Clinic with two women migrant workers. The men would not attend. Separate minutes are attached.

Referrals

Received from out-of-state - 7
Located and completed - 4
Not located - 3

Sent out of state (migrants still in the area - 0
Within the state - 0 received and 0 sent out.

The minibus driver, no previous experience with a migrant program, made a number of observations during the course of his work. He recorded these in his report. Because they represent an evaluation of the program from a fresh viewpoint, excerpts are presented here:

"I would say we did a good job of taking care of the workers' problems, considering three basic hindrances: 1) the strong recalcitrance shown by many of them at participating in any precautionary health measure, 2) the long work schedules they were required to keep and 3) the distance between farm camps and clinics and/or hospitals."

"Many of the workers were fearful of measures that they thought they were familiar with, but these ideas often turned out to be misconceptions. When they realized that they were not going to lose any working hours and that they would not be "hurt" in the process, most of them submitted to treatment."

"Along the same lines is the migrants' tendency not to volunteer any helpful information."

"The clinics held in Freehold were very successful and smoothly run, partly due to hours of paper work and field visits on the part of the migrant nurses and partly due to the efficacy of the medical staff serving the clinics."

"We were favored by a pair of very capable nurses this summer who worked well together or separately. I, personally, was glad that one of our nurses was black since a great portion of the workers in the Monmouth area are southern blacks. Many of them were pleased with her also and asked specifically for her to come out and attend to a problem they were encountering. They seemed to have more confidence in a member of their own race. Vive la difference!"

"As far as the hospitals are concerned, many times their disorganization with respect to the Migrant Program was excessive considering the fact that this program is by no means in its first year of implementation."

"At Allenwood everything always ran very efficiently and, although the migrants sometimes arrived one-half hour to an hour late, they were always on the way home before the time set for closing of the X-ray clinic."

"The cooperation or lack thereof shown by the farmers was evident from the first few days of the program."

"It must be kept clear that a Spanish speaking member of the migrant health "crew" is essential to the program's rate of success."

"All in all the summer was fruitful with few upsets or set-backs. At points discouraging, yet satisfying in the long run. A small effort toward more equalitarian health care for everyone while waiting for a better system."

Consumer Participation

Several attempts were made to hold a meeting with Jose Sepulveda, former crew leader now foreman, and Mrs. Thomas, crew leader, during August of this year but were unsuccessful due to the pressures of work on the farms. The season is short in Monmouth and it has been consistently difficult to arrange for pre-planning sessions.

Minutes of Meeting, Tuesday, September 21, 1971 - Held at Freehold Health Center

Present: Mrs. R. Ebner, R.N., Supervisor
Mr. Jose Sepulveda, Foreman at Bobbink Nursery

Absent: Mrs. Thomas, Crew leader (weather had cleared and Mrs. Thomas was working)

Mr. Sepulveda expressed satisfaction with the Migrant Program in relation to health needs. He commented that it was better than ever this year and added that the minibus was a great addition.

He stated that they prefer walk-in workers to the migrant workers (southern crews are not used at the nursery) and pay them a higher wage because they are "more responsible." He gives the workers a bonus at the end of the season and pays for their transportation to and from the nursery.

He opens a savings account for each worker if they so desire, and deposits weekly. Each worker pays $16.50 per week for meals which includes breakfast, hot lunch, coffee and a snack in the afternoon, hot supper, coffee and a snack in the evening.

We discussed the Contract Puerto Rican workers whom they employ. He does not think they receive adequate care of their health needs, i.e. they must pay for their own medications, eyeglasses, dental care. They contribute $.50 per week and the farmer contributes $.75 per week. With all of this, Mr. Sepulveda says it is a long drawn-out procedure to care for a migrant who is injured or becomes ill. Some of the contract workers did attend our Family Clinics this summer because they felt they received better care.

Mr. Sepulveda said that placing Porta-Johns every 500 feet is impractical and unrealistic. There would be no room to turn a tractor around. He suggested 1,000 feet apart.

He mentioned that a state inspector asked him to paint the camps more often than once a year, which he also considers unnecessary since he had just painted them in March.

Minutes of Conference, Thursday, September 23, 1971-Held at MCOSS Freehold Health Center - <u>During a family clinic</u>

Present: Miss N. Murphy, Assistant Supervisor
Mrs. M. Mannings, R.N., Project Nurse
Mrs. G. Graham, Migrant Worker
Mrs. M. Thomas, Migrant Worker

Mrs. Graham and Mrs. Thomas both spontaneously said they prefer the services given to them in New Jersey as opposed to Florida. They felt the nurses seek them out in New Jersey and give them real assistance and that the nurses really care.

They discussed their work in Florida, picking and grading tangerines, for which they are paid $3.50 per hour.

They discussed the difficulties of using a communal kitchen and the difficulties in trying to raise their children, i.e. toilet training, supervision, etc.

HOSPITAL SERVICES

Migrants qualifying under the Project guidelines in 1971 received services in 15 of the 20 hospitals under agreement throughout the State. In addition to Migrant Federal funds, Project requests to State budget officials resulted in a substantial increase in the allocation of State appropriations for migrant bills. This additional money made it possible, starting July 1, 1971, to supplement the 50 percent of Medicare cost on a matching basis. This method of supplementation was also made available by the State Project for bills certified under the two other Migrant Projects. It should be noted that although the hospitals received full Medicare cost, their published charges were greatly in excess of that figure. There was no information as to what that excess represents or by whom it was absorbed. The following chart shows project expenditures for the period January 1, 1971 through December 31, 1971:

County	Admissions	Days	Published Charges	Federal Payment	State Payment
State Project	34	270	$23,724.46	$ 9,667.40	$ 7,712.40
Cumberland Project	42	441	32,662.54	13,159.15	8,897.40
Salem Project	23	166	12,515.00	5,197.00	2,677.50
Total	99	877	68,902.00	28,023.55	19,287.30 *

* Increased appropriation not available until 7/1/71

Other agencies and programs also made a substantial contribution in the payment of hospital bills for migrants. The largest of these was the contributory insurance program for male contract Puerto Ricans which covers 5,000 or more workers. The Migrant Maternity Program is reported separately by this project. The few migrants who receive categorical public assistance also receive Medicaid. Workmen's Compensation is now compulsory on New Jersey farms and pays for a number of cases. Others receive care under Crippled Children and the Rehabilitation Commission.

Bills for 9 admissions, covering 96 days of care were rejected because they were incomplete, submitted too late or could not be verified.

Hospital out-patient charges during 1971 in the amount of $4,235.60 were also paid by the program, with 180 visits and 113 patients served, which does not include Salem and Cumberland Counties.

DENTAL HEALTH SERVICES

The program of dental health services for migrants represents a composite of funding sources and a sharing of personnel and resources from the State Dental Health Program, the State Department of Education Migrant Education Project, the Migrant Health Projects and the Traineeship Program of the State Department of Health.

The Assistant Coordinator of the State Dental Health Program is regularly assigned full-time during three peak months of the migrant season and part-time during the rest of the year. He takes principal responsibility for the recruitment, assignment and supervision of the professional dental personnel, allocation of dental equipment and supplies and the development of clinic facilities. His services represent a substantial contribution of State funds. Implementation of the program involves constant liaison through the office of the State Coordinator of Migrant Health Services.

Services are provided in two aspects of the program, the Migrant Summer Schools and the Migrant Health Clinics. Dentists, dental students, dental assistants and dental hygienists all are employed. The accomplishments of the school program are reported separately.

Dental care for adult migrants involves each of the county migrant clinic programs and in 1971 focused on the establishment of evening dental clinic services, with dentists working on an hourly basis. This service was intended to replace the purchase of fee-basis treatment in private offices. Dental students performed educational services and assisted in screening and worked with the clinic dentists. In 1971, five counties had evening clinics in health centers, a hospital and in one instance, a school. The clinic program, during July and August benefited by the arrangement with the State Dental Health Program which utilized the same dentists who treated children in the migrant schools. Some remained longer, and others were recruited through the local agencies.

ADULT EVENING DENTAL CLINICS

Clinic	Patient Visits	** Extractions	Restorations		Other Procedures	Sessions
			Amalgam	Silicates		
Cranbury	92	116	6		10	11
Neptune	78	77	39	1	3	8
Woodbury	62	8	88	34	32	16
TOTAL	232	201	133	35	45	35

** Includes Root-Tip Surgical Removals

EYE EXAMINATION SERVICES

This contribution of service to the visual health of migrant workers and their families receives its main financial support from State funds. The operation involves a cooperative effort of three agencies, the State Commission for the Blind, the State Department of Education and the State Department of Health. In the Migrant Health Program, contract agencies in each county and the two Federally funded County Projects participated. A schedule covering the period July 12 through August 13 provided services at 25 daytime sessions in the Migrant Schools and 11 evening sessions at adult migrant health clinics. The State Commission for the Blind obtained staff and organized the schedule to provide these examination services and furnished funds to pay the ophthalmologists.

Migrant School Program

A total of 2215 children from schools and day care centers were screened through the nursing staff. Of these children 446 received an examination by the ophthalmologists. A total of 194 received prescriptions for glasses, while 100 children were recommended for other treatment or further examination.

Adult Examinations

The screening of adults was performed by public health nurses in the field and at migrant evening clinics. Of the total adults screened, 115 received ophthalmological examination. Only 15 had normal vision and the rest required prescription, usually for glasses. Four persons met the definition for legal blindness. Glasses were obtained for the other patients by county migrant projects, either from Project funds or from other sources, where available.

Summary and Findings

During the one month of service, the mobile unit operated by the technician, provided clinic space for the examinations and was set up at 11 different sites in six counties. Ten different physicians, either practicing ophthalmologists or residents, participated in the program.

The results of the 1971 program are consistent with the previous findings, that is, that more than 13% of the children screened had eye disability usually not previously treated. Among the adults referred, the percentage needing treatment of defects was around 90%. This incidence of eye problems among migrants suggests that the screening of this medically needy group should be continued and extended.

NUTRITION SERVICES

As a consequence of the pilot efforts to improve migrant nutritional status initiated in 1969 and 1970, the search for a professional, knowledgeable in the food habits and economic and social problems of migrants continued. After many blind leads, the Project was fortunate to secure the services of an experienced dietitian who was able to communicate with the migrant population in their own language.

In order to derive the widest benefits possible, the dietitian was deployed to serve the three southern counties where she worked with nursing staff to reach those in greatest need. Her mission was carried out under three main headings:

Diet instruction
Demonstration in homes
Demonstrations in clinics

Her orientation began with a study of the food habits of the people. By accompanying the nurse, an understanding was developed covering the basic daily menu and the availability of cooking utensils. This was followed by a familiarization with procedures for purchasing and storing of food and visiting community grocery stores to compare price and quality with large chain stores.

Despite the distances and traveling required, during the two-week initial orientation the dietitian carried out five food demonstrations and instructed special diets for 21 patients in the three counties. Demonstrations were held in homes and clinics and basic nutrition information was provided as well.

During the month of July, the dietitian continued her activities with food demonstrations and diet counseling for individual patients. In addition, menu planning assistance was provided for staff operating day care centers. A few quotations from the dietitian's report give a general understanding of her outlook and method:

"There was a family of five which requested a visit by the dietitian, because the family was having financial difficulties in purchasing and budgeting food. The mother of the family whose husband was a crewleader, had the responsibility of preparing food for fifteen additional workers. The mother purchased her food supplies from the community grocery store. All orders were called in to the store, and delivered by them. Often orders not ordered by them were delivered to the home Prices were not found on the cans, which allowed for price change at any time. It is quite possible, increase costs were added to the account when food is bought on credit, because the people never question the prices."

"During a family visit to the home of an expectant mother it was found that the expectant mother (age 17) and a fourteen-month old child had no milk or milk products in their diet. The child was given the same foods as the family, mainly rice and beans, some chicken or pork. They gave no logical reason for not drinking milk. Their only reason was that, they didn't like milk. The older members of the family must create favorable environmental conditions which will set good food

habits, so that the child can develop good food habits which will play an essential part in the child's life. Skim milk was served to the children visiting the Gloucester County Health Department Clinic to see their likes and dislikes. Of the ten children served only one showed dislike for the product, the other children asked for more milk."

"Roast Pig is a great favorite among the Migrant workers. At the end of the asparagus season a picnic was enjoyed by everyone in the camp. Chittlerlings, heart, lung and pancreas were cooked as a special dish with beans and rice with lots of seasonings. Other traditional foods were served with all types of beverages."

"Although they seem strange to us, the foods of different cultures and nationalities should be recognized and honored. Food that will balance the diet, should be fitted into meal plans, that will satisfy their own cultural t tastes. The meal is not just food, it must refresh and relate to both body and mind."

SCHOOL HEALTH SERVICES

Established by the State 24 years ago, New Jersey's Migrant Schools originally depended on Health Department support for essential health services. With the infusion of Federal funds in 1966, the School Health Services have been steadily refined, expanded and have become increasingly self-sufficient. However, coordination with Health Department services has been utilized to enrich the program and to make use of health resources on a more efficient basis. Increased funding has made possible services to seasonal families as well as to migrants. In 1971, approximately 60 percent of the children were from "Seasonal" families.

School health services include physical examination, immunization, dental and medical treatment, and the correction of defects and disabilities. The staff in 1971 included 21 school nurses, 11 physicians, 9 dentists and 6 dental students. There were 21 schools in operation in 1971. Of these, 12 had dental services. Children needing hospital care or special referral and qualifying as "migrants" were referred to the county migrant programs.

The role of the dental students in dental health education was of special significance in developing positive attitudes toward dental care and in providing encouragement, reassurance and confidence for the individual children.

Again, through interdepartmental coordination, a special eye examination survey gave 2215 children the opportunity for visual evaluation and made available treatment and a full range of corrective services for 391 children needing eye health examination.

An innovation of the 1971 program was a connection with a computer-based data bank, furnishing individual records for out-of-state children, to insure the updating of health information.

MATERNAL AND CHILD HEALTH SERVICES

By arrangement with the Maternal and Child Health Program, prenatal care, delivery services and postpartum visits continued to be made available for migrant women in New Jersey Hospitals.

For the year ending June 30, 1971, $ 8356.57 was reimbursed to five hospitals for patients registered under the program. Hospital costs are charged at Blue Cross rates in 13 hospitals under agreement to the Program. Of the 57 patients registered, 29 were admitted for a total of 108 days of in-patient care. Out-patient visits totalled 146. In cooperation with the hospitals, migrant project personnel visited 132 women providing 323 service visits for prenatal and post-partum services.

In-patient care under the State Crippled Childrens Program was furnished at a number of hospitals. No data is available on the extent of this service.

SANITATION

Inspection and registration of migrant camps in New Jersey is provided under a state-wide program, centrally operated and funded entirely by State Appropriations amounting to more than $300,000.

The Migrant Health Program furnishes technical consultation, program coordination and advice on legislation. A key contribution of the health component has been the development of sanitation services in local and county health units who provide certification of potable water and inspection of sewage disposal installations.

Under the above arrangement there has been a steady improvement of living conditions in the camps over the years. All but about 20 out of around 1200 camps now have flush toilets and underground sewage disposal. The latest increase in standards is embodied in 1971 legislation requiring field toilets, handwashing and drinking water with toilet locations not further than five minutes walk from the work area.

Before the end of the 1971 season the State Migrant Project discontinued maintaining records of water sampling activities. Responsibility for supervision of the migrant potable water activity will be assumed by the District State Health Offices. It is felt that through previous years' efforts, sanitation facilities and services have improved to such an extent that this reallocation of responsibility will not create any problems.

The State Coordinator continues to maintain a constant liason with the Department of Labor and deals with issues of overall significance in the area environmental health for migrants. This responsibility includes surveillance of the camps, interdepartmental coordination, and support of constructive legislation.

SOCIAL SERVICES

The social casework activities that have become a feature of all the organized county migrant programs originated under the sponsorship of the State Project in 1963. In the Cumberland and Salem County Projects, these activities continued under the county sponsorship. In Gloucester County and Middlesex and Mercer Counties the services were again closely integrated into the clinic and outreach medical activities.

The social caseworkers assumed a major role in assisting patients in getting to clinics and other sources of medical care. During this process the caseworker became acquainted with the people and their problems and assisted them in other areas. Such benefits as Social Security, Food Stamps and welfare assistance were made more easily available through the caseworker's efforts. A number of migrants were assisted in "settling in" the community.

Both the Salem-Gloucester area and the Middlesex-Mercer Area were served by thrift stores, organized with community support and furnishing clothing and household needs for migrant families. A schedule of recreation events involving churches and other community workers furnished additional opportunities for migrants to enter into life in the community.

In the State Project areas a total of 345 individuals and families received casework assistance in 1971. Of these, two-thirds were new to the program during the year. Public health and school nurses accounted for one-fourth of the referrals with transportation and physical health heading the kinds of problems. Caseworkers carried on 1639 interviews of which 916 were in-person. It should be noted that caseworkers fluent in Spanish made a special contribution inasmuch as more than one-third of those served spoke that language.

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

ANNUAL PROGRESS REPORT - MIGRANT HEALTH PROJECT

DATE SUBMITTED

PERIOD COVERED BY THIS REPORT

FROM	THROUGH
1/1/71	12/31/71

PART I - GENERAL PROJECT INFORMATION

1. PROJECT TITLE

Health Services for Migrant Agricultural Workers in New Jersey

2. GRANT NUMBER *(Use number shown on the last Grant Award Notice)*

02-H-000,058

3. GRANTEE ORGANIZATION *(Name & address)*

New Jersey State Department of Health
P. O. Box 1540
Trenton, New Jersey 08625

4. PROJECT DIRECTOR

Thomas B. Gilbert, MPH
State Coordinator
Migrant Health Services

SUMMARY OF POPULATION AND HOUSING DATA FOR TOTAL PROJECT AREA *

5. POPULATION DATA - MIGRANTS *(Workers and dependents)*

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			
FEB.			
MAR.	442	442	
APRIL	1,577	1,577	
MAY	3,206	3,206	
JUNE	4,345	4,345	NONE
JULY	5,622	5,622	
AUG.	6,349	6,349	
SEPT.	4,451	4,451	
OCT.	2,610	2,610	
NOV.			
DEC.			
TOTALS			

c. AVERAGE STAY OF MIGRANTS IN PROJECT AREA

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	NONE		
IN-MIGRANTS	14	May	Sept.

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS: TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS	NONE		
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS: TOTAL	6,349	5,715	634
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS	NOT AVAILABLE		
45 - 64 YEARS			
65 AND OLDER			

d. (1) INDICATE SOURCES OF INFORMATION AND/OR BASIS OF ESTIMATES FOR 5a.

Estimates issued semimonthly by N. J. State Employment Service.

(2) DESCRIBE BRIEFLY HOW PROPORTIONS FOR SEX AND AGE FOR 5b WERE DERIVED.

Male contract workers 50% of peak total. Dependents add 10% to totals.

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 50 PERSONS	NOT AVAILABLE	
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*	766	6,349

b. OTHER HOUSING ACCOMMODATIONS

LOCATION *(Specify)*:	NUMBER	OCCUPANCY (PEAK)
	NONE	
TOTAL*		

*NOTE: The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.

* Source: Bureau of Migrant Labor, New Jersey Department of Labor and Industry.

7. MAP OF PROJECT AREA - Append map showing location of camps, roads, clinics, and other places important to project.

*Includes six counties of southern and central New Jersey and all other counties except Salem and Cumberland.

POPULATION AND HOUSING DATA

FOR Atlantic COUNTY.

GRANT NUMBER: 02-H-000,058

INSTRUCTIONS: *Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.*

5. POPULATION DATA - MIGRANTS *(Workers and dependents)*

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			
FEB.			
MAR.	50	50	
APRIL	185	185	
MAY	320	320	
JUNE	1,100	1,100	NONE
JULY	1,800	1,800	
AUG.	1,700	1,700	
SEPT.	870	870	
OCT.	530	530	
NOV.			
DEC.			
TOTALS			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS			
IN-MIGRANTS	14	May	Sept.

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS: TOTAL	NONE		
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS: TOTAL	1,800	1,660	140
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY *(Peak)*
LESS THAN 10 PERSONS	NOT AVAILABLE	
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*	143	1,800

b. OTHER HOUSING ACCOMMODATIONS

LOCATION *(Specify)*	NUMBER	OCCUPANCY *(Peak)*
	NONE	
TOTAL*		

*NOTE: *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

REMARKS

POPULATION AND HOUSING DATA FOR Burlington COUNTY.	GRANT NUMBER 02-H-000,058

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS *(Workers and dependents)*

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			
FEB.			
MAR.	35	35	
APRIL	90	90	
MAY	200	200	
JUNE	315	315	NONE
JULY	375	375	
AUG.	425	425	
SEPT.	350	350	
OCT.	300	300	
NOV.			
DEC.			
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS: TOTAL	NONE		
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS: TOTAL	425	400	25
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS			
IN-MIGRANTS	14	May	Sept.

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY *(Peak)*
LESS THAN 10 PERSONS	NOT AVAILABLE	
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*	66	425

b. OTHER HOUSING ACCOMMODATIONS

LOCATION *(Specify)*	NUMBER	OCCUPANCY *(Peak)*
	NONE	
TOTAL*		

*NOTE: *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

REMARKS

POPULATION AND HOUSING DATA FOR Gloucester COUNTY.	GRANT NUMBER 02-H-000,058

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS *(Workers and dependents)*

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			
FEB.			
MAR.	189	189	
APRIL	693	693	
MAY	1,815	1,815	
JUNE	1,666	1,666	NONE
JULY	2,084	2,084	
AUG.	2,547	2,547	
SEPT.	1,642	1,642	
OCT.	643	643	
NOV.			
DEC.			
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:			
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS	NONE		
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS:			
TOTAL	2,547	1,783	764
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS			
IN-MIGRANTS	14	May	Sept.

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY *(Peak)*
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 50 PERSONS	NOT AVAILABLE	
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*	330	2,547

b. OTHER HOUSING ACCOMMODATIONS

LOCATION *(Specify)*	NUMBER	OCCUPANCY *(Peak)*
	NONE	
TOTAL*		

**NOTE:* *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

REMARKS

POPULATION AND HOUSING DATA

FOR Mercer COUNTY.

GRANT NUMBER: 02-H-000,058

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS *(Workers and dependents)*

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			
FEB.			
MAR.	15	15	
APRIL	50	50	
MAY	88	88	
JUNE	132	132	NONE
JULY	159	159	
AUG.	182	182	
SEPT.	192	192	
OCT.	165	165	
NOV.			
DEC.			
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS: TOTAL	NONE		
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS: TOTAL	192	135	57
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS			
IN-MIGRANTS	14	June	Oct.

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY *(Peak)*
LESS THAN 10 PERSONS	NOT AVAILABLE	
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*	7	192

b. OTHER HOUSING ACCOMMODATIONS

LOCATION *(Specify)*	NUMBER	OCCUPANCY *(Peak)*
	NONE	
TOTAL*		

**NOTE:* *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

REMARKS

POPULATION AND HOUSING DATA FOR Middlesex COUNTY.	GRANT NUMBER 02-H-000,058

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summariz all the county data for total project area on page 1. Projects covering only one county will report population and housi on page 1.

5. POPULATION DATA - MIGRANTS *(Workers and dependents)*

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			
FEB.			
MAR.	29	29	
APRIL	110	110	
MAY	198	198	
JUNE	225	225	NONE
JULY	275	275	
AUG.	374	374	
SEPT.	385	385	
OCT.	286	286	
NOV.			
DEC.			
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:			
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS	NONE		
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS:			
TOTAL	385	270	115
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS			
IN-MIGRANTS	14	June	Oct.

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY *(Peak)*
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 50 PERSONS	NOT AVAILABLE	
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*	24	385

b. OTHER HOUSING ACCOMMODATIONS

LOCATION *(Specify)*	NUMBER	OCCUPANCY *(Peak)*
	NONE	
TOTAL*		

**NOTE:* *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

REMARKS

POPULATION AND HOUSING DATA FOR Monmouth COUNTY.	GRANT NUMBER 02-H-000,058

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS *(Workers and dependents)*

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			
FEB.			
MAR.	44	44	
APRIL	159	159	
MAY	180	180	
JUNE	352	352	NONE
JULY	329	329	
AUG.	561	561	
SEPT.	572	572	
OCT.	451	451	
NOV.			
DEC.			
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS: TOTAL	NONE		
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS: TOTAL	572	455	117
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS			
IN-MIGRANTS	14	June	Oct.

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY *(Peak)*
LESS THAN 10 PERSONS	NOT AVAILABLE	
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*	71	572

b. OTHER HOUSING ACCOMMODATIONS

LOCATION *(Specify)*	NUMBER	OCCUPANCY *(Peak)*
	NONE	
TOTAL*		

*NOTE: *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

REMARKS

POPULATION AND HOUSING DATA FOR 12 Counties ~~COUNTY~~.	GRANT NUMBER 02-H-000,058

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS *(Workers and dependents)*

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			
FEB.			
MAR.	80	80	
APRIL	290	290	
MAY	405	405	
JUNE	555	555	NONE
JULY	600	600	
AUG.	560	560	
SEPT.	440	440	
OCT.	235	235	
NOV.			
DEC.			
TOTALS			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS			
IN-MIGRANTS	14	June	Oct.

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS: TOTAL	NONE		
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS: TOTAL	600	540	60
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY *(Peak)*
LESS THAN 10 PERSONS	NOT AVAILABLE	
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*	135	600

b. OTHER HOUSING ACCOMMODATIONS

LOCATION *(Specify)*	NUMBER	OCCUPANCY *(Peak)*
	NONE	
TOTAL*		

NOTE: *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

REMARKS

GRANT NUMBER
02-H-000,058
DATE SUBMITTED

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

1. MIGRANTS RECEIVING MEDICAL SERVICES

a. TOTAL MIGRANTS RECEIVING MEDICAL SERVICES AT FAMILY HEALTH CLINICS, PHYSICIANS OFFICES, HOSPITAL EMERGENCY ROOMS, ETC.

AGE	NUMBER OF PATIENTS			NUMBER OF VISITS
	TOTAL	MALE	FEMALE	
TOTAL	1415	884	531	5863
UNDER 1 YEAR	37	19	18	149
1 - 4 YEARS	146	78	68	530
5 - 14 YEARS	323	164	159	1578
15 - 44 YEARS	690	448	242	2748
45 - 64 YEARS	203	160	43	789
65 AND OLDER	16	15	1	69

b. OF TOTAL MIGRANTS RECEIVING MEDICAL SERVICES, HOW MANY WERE:

(1) SERVED IN FAMILY HEALTH SERVICE CLINIC? 844

(2) SERVED IN PHYSICIANS' OFFICE, ON FEE-FOR-SERVICE ARRANGEMENT (INCLUDE REFERRALS) 36

3. MIGRANT PATIENTS HOSPITALIZED

(Regardless of arrangements for payment):

No. of Patients *(exclude newborn)* 34 *

No. of Hospital Days 270 *

2. MIGRANTS RECEIVING DENTAL SERVICES

ITEM	TOTAL	UNDER 15	15 AND OLDER
a. NO. MIGRANTS EXAMINED-TOTAL	1122	723	399
(1) NO. DECAYED, MISSING, FILLED TEETH	Not Recorded		
(2) AVERAGE DMF PER PERSON			
b. INDIVIDUALS REQUIRING SERVICES - TOTAL	925	581	344
(1) CASES COMPLETED	791	581	210
(2) CASES PARTIALLY COMPLETED	134	-	134
(3) CASES NOT STARTED	903	479	424
c. SERVICES PROVIDED - TOTAL	*	*	*
(1) PREVENTIVE	903	479	424
(2) CORRECTIVE-TOTAL	492	291	201
(a) Extraction	411	188	223
(b) Other	988	756	232
d. PATIENT VISITS - TOTAL			

4. IMMUNIZATIONS PROVIDED

TYPE	COMPLETED IMMUNIZATIONS, BY AGE					IN-COMPLETE SERIES	BOOSTERS, REVACCINATIONS
	TOTAL	UNDER 1 YEAR	1 - 4	5 - 14	15 AND OLDER		
TOTAL-- ALL TYPES	889	83	265	413	128	119	770
SMALLPOX	7	0	2	4	1	3	4
DIPHTHERIA	236	24	60	90	62	11	225
PERTUSSIS	144	22	59	63	0	11	133
TETANUS	233	23	58	89	63	10	223
POLIO	177	14	56	105	2	17	160
TYPHOID	0	0	0	0	0	0	0
MEASLES	36	0	10	26	0	27	9
OTHER *(Specify)* Rubella	56	0	20	36	0	40	16

REMARKS

2.C.(1) *So-called "Preventive" procedures, such as prophylaxis, fluoride application and space retainers, are usually not done in order to devote available time for restorations.

3 *Includes only admissions submitted to project for payment.

PART II (*Continued*) - 5. MEDICAL CONDITIONS TREATED BY PHYSICIANS IN FAMILY CLINICS, HOSPITAL OUTPATIENT DEPARTMENTS, AND PHYSICIANS' OFFICES.

GRANT NUMBER 02-H-000,058

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISIT
I - XVII.		TOTAL ALL CONDITIONS	683	423	260
I.	01-	INFECTIVE AND PARASITIC DISEASES: TOTAL	19	11	8
	010	TUBERCULOSIS	4	2	2
	011	SYPHILIS	0	0	0
	012	GONORRHEA AND OTHER VENEREAL DISEASES	4	2	2
	013	INTESTINAL PARASITES	2	1	1
		DIARRHEAL DISEASE (infectious or unknown origins):			
	014	Children under 1 year of age	0	0	0
	015	All other	0	0	0
	016	"CHILDHOOD DISEASES" - mumps, measles, chickenpox	4	2	2
	017	FUNGUS INFECTIONS OF SKIN (Dermatophytoses)	4	3	1
	019	OTHER INFECTIVE DISEASES (*Give examples*):	1	1	0
II.	02-	NEOPLASMS: TOTAL	5	5	0
	020	MALIGNANT NEOPLASMS (*give examples*):	0	0	0
	025	BENIGN NEOPLASMS	2	2	0
	029	NEOPLASMS of uncertain nature	3	3	0
III.	03-	ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES: TOTAL	15	12	3
	030	DISEASES OF THYROID GLAND	3	2	1
	031	DIABETES MELLITUS	8	6	2
	032	DISEASES of Other Endocrine Glands	0	0	0
	033	NUTRITIONAL DEFICIENCY	1	1	0
	034	OBESITY	3	3	0
	039	OTHER CONDITIONS	0	0	0
IV.	04-	DISEASES OF BLOOD AND BLOOD FORMING ORGANS: TOTAL	2	2	0
	040	IRON DEFICIENCY ANEMIA	2	2	0
	049	OTHER CONDITIONS	0	0	0
V.	05-	MENTAL DISORDERS: TOTAL	5	5	0
	050	PSYCHOSES	0	0	0
	051	NEUROSES and Personality Disorders	0	0	0
	052	ALCOHOLISM	3	3	0
	053	MENTAL RETARDATION	0	0	0
	059	OTHER CONDITIONS	2	2	0
VI.	06-	DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS: TOTAL	75	59	16
	060	PERIPHERAL NEURITIS	0	0	0
	061	EPILEPSY	3	2	1
	062	CONJUNCTIVITIS and other Eye Infections	14	6	8
	063	REFRACTIVE ERRORS of Vision	30	30	0
	064	OTITIS MEDIA	8	3	5
	069	OTHER CONDITIONS	20	18	2

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PART II - 5. *(Continued)*

GRANT NUMBER 02-H-000,058

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
VII.	07-	DISEASES OF THE CIRCULATORY SYSTEM: TOTAL	22	12	10
	070	RHEUMATIC FEVER	0	0	0
	071	ARTERIOSCLEROTIC and Degenerative Heart Disease	3	2	1
	072	CEREBROVASCULAR DISEASE (Stroke)	0	0	0
	073	OTHER DISEASES of the Heart	0	0	0
	074	HYPERTENSION	17	8	9
	075	VARICOSE VEINS	0	0	0
	079	OTHER CONDITIONS	2	2	0
VIII.	08	DISEASES OF THE RESPIRATORY SYSTEM: TOTAL	52	27	25
	080	ACUTE NASOPHARYNGITIS (Common Cold)	8	5	3
	081	ACUTE PHARYNGITIS	5	3	2
	082	TONSILLITIS	8	2	6
	083	BRONCHITIS	9	5	4
	084	TRACHEITIS/LARYNGITIS	1	0	1
	085	INFLUENZA	0	0	0
	086	PNEUMONIA	0	0	0
	087	ASTHMA, HAY FEVER	6	3	3
	088	CHRONIC LUNG DISEASE (Emphysema)	1	1	0
	089	OTHER CONDITIONS	14	8	6
IX.	09-	DISEASES OF THE DIGESTIVE SYSTEM: TOTAL	306	174	132
	090	CARIES and Other Dental Problems	273	159	114
	091	PEPTIC ULCER	8	2	6
	092	APPENDICITIS	0	0	0
	093	HERNIA	2	2	0
	094	CHOLECYSTIC DISEASE	2	2	0
	099	OTHER CONDITIONS	21	9	12
X.	10-	DISEASES OF THE GENITOURINARY SYSTEM: TOTAL	38	24	14
	100	URINARY TRACT INFECTION (Pyelonephritis, Cystitis)	14	8	6
	101	DISEASES OF PROSTATE GLAND (excluding Carcinoma)	2	2	0
	102	OTHER DISEASES of Male Genital Organs	1	1	0
	103	DISORDERS of Menstruation	7	5	2
	104	MENOPAUSAL SYMPTOMS	5	3	2
	105	OTHER DISEASES of Female Genital Organs	0	0	0
	109	OTHER CONDITIONS	9	5	4
XI.	11-	COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM: TOTAL	39	21	18
	110	INFECTIONS of Genitourinary Tract during Pregnancy	0	0	0
	111	TOXEMIAS of Pregnancy	0	0	0
	112	SPONTANEOUS ABORTION	0	0	0
	113	REFERRED FOR DELIVERY	20	14	6
	114	COMPLICATIONS of the Puerperium	0	0	0
	119	OTHER CONDITIONS	19	7	12
XII.	12-	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE: TOTAL	27	19	8
	120	SOFT TISSUE ABSCESS OR CELLULITIS	2	2	0
	121	IMPETIGO OR OTHER PYODERMA	1	1	0
	122	SEBORRHEIC DERMATITIS	0	0	0
	123	ECZEMA, CONTACT DERMATITIS, OR NEURODERMATITIS	9	6	3
	124	ACNE	2	0	2
	129	OTHER CONDITIONS	13	10	3

PART II - 5. *(Continued)*

GRANT NUMBER 02-H-000,058

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
XIII.	13-	DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE: TOTAL	13	9	4
	130	RHEUMATOID ARTHRITIS	0	0	0
	131	OSTEOARTHRITIS	0	0	0
	132	ARTHRITIS, Unspecified	1	1	0
	139	OTHER CONDITIONS	12	8	4
XIV.	14-	CONGENITAL ANOMALIES: TOTAL	3	3	0
	140	CONGENITAL ANOMALIES of Circulatory System	1	1	0
	149	OTHER CONDITIONS	2	2	0
XV.	15-	CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY: TOTAL	0	0	0
	150	BIRTH INJURY	0	0	0
	151	IMMATURITY	0	0	0
	159	OTHER CONDITIONS	0	0	0
XVI.	16-	SYMPTOMS AND ILL-DEFINED CONDITIONS: TOTAL	26	15	11
	160	SYMPTOMS OF SENILITY	0	0	0
	161	BACKACHE	3	3	0
	162	OTHER SYMPTOMS REFERRABLE TO LIMBS AND JOINTS	9	6	3
	163	HEADACHE	12	5	7
	169	OTHER CONDITIONS	2	1	1
XVII.	17-	ACCIDENTS, POISONINGS, AND VIOLENCE: TOTAL	36	25	11
	170	LACERATIONS, ABRASIONS, and Other Soft Tissue Injuries	13	11	2
	171	BURNS	1	0	1
	172	FRACTURES	5	4	1
	173	SPRAINS, STRAINS, DISLOCATIONS	8	6	2
	174	POISON INGESTION	2	1	1
	179	OTHER CONDITIONS due to Accidents, Poisoning, or Violence	7	3	4

			NUMBER OF INDIVIDUALS	
6.	2--	SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL	3,616 Patients	6,305 Visits
	200	FAMILY PLANNING SERVICES	18	21
	201	WELL CHILD CARE	157	327
	202	PRENATAL CARE	29	81
	203	POSTPARTUM CARE	9	14
	204	TUBERCULOSIS: Follow-up of inactive case	5	5
	205	MEDICAL AND SURGICAL AFTERCARE	32	44
	206	GENERAL PHYSICAL EXAMINATION	495	659
	207	PAPANICOLAOU SMEARS	5	6
	208	TUBERCULIN TESTING	589	785
	209	SEROLOGY SCREENING	15	15
	210	VISION SCREENING	193	226
	211	AUDITORY SCREENING	141	151
	212	SCREENING CHEST X-RAYS	45	47
	213	GENERAL HEALTH COUNSELLING	746	1,795
	219	OTHER SERVICES: Social Casework	348	726
		(Specify) Other Miscellaneous	789	1,403

PART III - NURSING SERVICE	GRANT NO.

TYPE OF SERVICE	NUMBER
1. NURSING CLINICS	
a. NUMBER OF CLINICS — This type clinic not held	
b. NUMBER OF INDIVIDUALS SERVED - TOTAL	
2. FIELD NURSING:	
a. VISITS TO HOUSEHOLDS (camps)	1505
b. TOTAL HOUSEHOLDS SERVED (Not available)	-
c. TOTAL INDIVIDUALS SERVED IN HOUSEHOLDS	804
d. VISITS TO SCHOOLS, DAY CARE CENTERS	874
e. TOTAL INDIVIDUALS SERVED IN SCHOOLS AND DAY CARE CENTERS	211
3. CONTINUITY OF CARE:	
a. REFERRALS MADE FOR MEDICAL CARE: TOTAL	821
(1) Within Area	727
(Total Completed 274)	
(2) Out of Area	94
(Total Completed 70)	
b. REFERRALS MADE FOR DENTAL CARE: TOTAL	925
(Total Completed 791)	
c. REFERRALS RECEIVED FOR MEDICAL OR DENTAL CARE FROM OUT OF AREA: TOTAL	40
(Total Completed 22)	
d. FOLLOW-UP SERVICES FOR MIGRANTS, not originally referred by project, WHO WERE TREATED IN PHYSICIANS OFFICES (Fee-for-Service)	28
e. MIGRANTS PROVIDED PRE-DISCHARGE PLANNING AND POST-HOSPITAL SERVICES	98
f. MIGRANTS ASKED TO PRESENT HEALTH RECORD Form PMS-3652 or Similar Form) IN FIELD OR CLINIC: TOTAL	94
(1) Number presenting health record	13
(2) Number given health record	81
4. OTHER ACTIVITIES *(Specify)*:	

REMARKS

PART IV - SANITATION SERVICES *

GRANT NUMBER: 02-H-000,058

TABLE A. SURVEY OF HOUSING ACCOMMODATIONS

HOUSING ACCOMMODATIONS (1970 Figures)	TOTAL		COVERED BY PERMITS	
	NUMBER	MAXIMUM CAPACITY	NUMBER	MAXIMUM CAPACITY
CAMPS	1,296	15,846	1,265	15,466
OTHER LOCATIONS				
HOUSING UNITS - Family:				
IN CAMPS	464	5,565	454	5,002
IN OTHER LOCATIONS				
HOUSING UNITS - Single				
IN CAMPS	1,714	10,281	1,801	10,464
IN OTHER LOCATIONS				

TABLE B. INSPECTION OF LIVING AND WORKING ENVIRONMENT OF MIGRANTS

ITEM	NUMBER OF LOCATIONS INSPECTED*		TOTAL NUMBER OF INSPECTIONS		NUMBER OF DEFECTS POUND		NUMBER OF CORRECTIONS MADE	
	CAMPS	OTHER	CAMPS	OTHER	CAMPS	OTHER	CAMPS	OTHER
LIVING ENVIRONMENT:								
a. WATER	1,296		15,580		1,587		1,444	
b. SEWAGE					792		721	
c. GARBAGE AND REFUSE					1,159		1,055	
d. HOUSING					18,205		16,600	
e. SAFETY					3,463		3,155	
f. FOOD HANDLING					1,632		1,492	
g. INSECTS AND RODENTS					1,704		1,549	
h. RECREATIONAL FACILITIES	Not Covered by N.J. Statute							
WORKING ENVIRONMENT: Not Effective in 1971								
a. WATER	XXXX		XXXX		XXXX		XXXX	
b. TOILET FACILITIES	XXXX		XXXX		XXXX		XXXX	
c. OTHER	XXXX		XXXX		XXXX		XXXX	

* Locations – camps or other locations where migrants work or are housed. *Source of Data - N.J. Dept. of Labor

PART V – HEALTH EDUCATION SERVICES *(By type of service, personnel involved, and number of sessions.)*

TYPE OF HEALTH EDUCATION SERVICE	NUMBER OF SESSIONS					
	HEALTH EDUCATION STAFF	PHYSICIANS	NURSES	SANITARIANS	AIDES *(other than Health Ed.)*	OTHER *(Specify)*
A. SERVICES TO MIGRANTS						
(1) Individual counselling			746		Community Aide 244	Dietitian 10
(2) Group counselling						Nutritionist 7 Sessions
B. SERVICES TO OTHER PROJECT STAFF						Dietitian 5 Sessions
(1) Consultation						
(2) Direct services						
C. SERVICES TO GROWERS						
(1) Individual counselling						
(2) Group counselling						
D. SERVICES TO OTHER AGENCIES OR ORGANIZATIONS:				To Labor Dept. 2 Sessions With Camp Inspectors		
(1) Consultation with individuals						
(2) Consultation with groups						
(3) Direct services						
E. HEALTH EDUCATION MEETINGS						

NUMBER OF MIGRANTS RECEIVING
HEALTH SCREENING SERVICES BY COUNTY
AND KIND OF SERVICE 1971

NEW JERSEY	TOTAL	ATLANTIC	BURLINGTON	GLOUCESTER	MERCER	MIDDLESEX	MONMOUTH
TOTAL	3,616	296	45	1,398	104	952	821
FAMILY PLANNING	18	0	0	7	0	7	4
WELL CHILD CARE	157	0	1	94	9	28	25
PRENATAL CARE	29	0	3	10	0	11	5
POSTPARTUM CARE	9	0	0	4	0	4	1
T. B. FOLLOW-UP	5	1	0	0	0	3	1
MED. & SURG. AFTERCARE	32	0	9	12	0	11	0
GEN PHYS. EXAM	495	52	0	188	15	113	127
T. B. TEST	589	55	0	167	2	106	259
T. B. XRAY	45	0	0	7	0	0	38
PAP TEST	5	0	0	2	0	3	0
EYE SCREENING	193	51	0	72	5	50	15
DENTAL SCREENING	334	52	9	86	3	76	108
SOCIAL CASEWORK	348	0	0	238	6	104	0
SEROLOGY SCREENING	15	0	0	1	0	14	0
AUDITORY SCREENING	141	34	0	74	0	33	0
GEN. HEALTH COUNSEL	746	25	20	259	51	194	197
OTHER SERVICES	455	26	3	177	13	195	41

NUMBER OF MIGRANTS RECEIVING
HEALTH SCREENING SERVICES BY COUNTY
AND KIND OF SERVICE 1971

NEW JERSEY	TOTAL	ATLAN-TIC	BURL-INGTON	GLOUCES-TER	MERCER	MID-DLESEX	MON-MOUTH
TOTAL	6,305	414	52	2,107	219	2,345	1,168
FAMILY PLANNING	21	0	0	8	0	9	4
WELL CHILD CARE	327	0	1	237	11	45	33
PRENATAL CARE	81	0	5	18	0	41	17
POSTPARTUM CARE	14	0	0	8	0	5	1
T. B. FOLLOW-UP	5	1	0	0	0	3	1
MED. & SURG. AFTERCARE	44	0	9	17	0	18	0
GEN PHYS. EXAM	659	103	0	238	17	147	154
T. B. TEST	785	56	0	202	2	145	380
T. B. XRAY	47	0	0	7	0	0	40
PAP TEST	6	0	0	2	0	4	0
EYE SCREENING	226	53	0	79	8	71	15
DENTAL SCREENING	451	53	9	103	7	160	119
SOCIAL CASEWORK	726	0	0	353	23	350	0
SEROLOGY SCREENING	15	0	0	1	0	14	0
AUDITORY SCREENING	151	34	0	76	0	41	0
GEN. HEALTH COUNSEL	1,795	54	21	471	129	764	356
OTHER SERVICES	952	60	7	287	22	528	48

DISTRIBUTION OF SERVICES AMONG MIGRANT AGRICULTURAL WORKERS
BY FREQUENCY OF SERVICE AND BY COUNTY
NEW JERSEY MIGRANT HEALTH PROGRAM 1971

COUNTIES	TOTAL NUMBER OF PERSONS SERVED	FREQUENCY OF PERSON SERVICES						TOTAL PERSON SERVICES	PERCENT OF PERSONS RECEIVING 6 OR MORE SERVICES	PERCENT OF PERSON SERVICES RENDERED TO PERSONS RECEIVING 6 OR MORE SERVICES
		1 SERVICE	2 SERVICES	3 SERVICES	4 SERVICES	5 SERVICES	6 OR > 6 SERVICES			
TOTALS	1,415	457	243	136	111	111	357	5,869	25.2	59.9
ATLANTIC	101	26	13	7	7	8	40	465	2.8	69.7
BURLINGTON	35	23	8	1	3	0	0	54	.0	.0
GLOUCESTER	472	149	50	52	42	48	131	2,041	9.3	60.2
MERCER	56	19	14	4	4	3	12	193	.8	53.4
MIDDLESEX	337	92	53	37	22	25	108	1,812	7.6	71.2
MONMOUTH	414	148	105	35	33	27	66	1,298	4.7	43.8

MIGRANTS RECEIVING SERVICE BY COUNTY, SEX AND AGE
SHOWING PERCENTAGE DISTRIBUTION
NEW JERSEY MIGRANT HEALTH PROGRAM 1971

COUNTIES	MALE							FEMALE							TOTAL OF BOTH
	UNDER 1-YR	1-4	5-14	15-44	45-64	65 & OVER	TOTAL	UNDER 1-YR	1-4	5-14	15-44	45-64	65 & OVER	TOTAL	
PERCENT	2.1	8.8	18.6	50.7	18.1	1.7	62.5	3.4	12.8	29.9	45.6	8.1	.2	37.8	100.0
TOTALS	19	78	164	448	160	15	884	18	68	159	242	43	1	531	1415
ATLANTIC	0	7	41	5	0	0	53	0	6	42	0	0	0	48	101
BURLINGTON	0	0	0	18	8	0	26	0	1	1	7	0	0	9	35
GLOUCESTER	8	32	77	114	21	2	254	7	30	70	100	11	0	218	472
MERCER	1	6	0	19	4	0	30	1	5	3	13	4	0	26	56
MIDDLESEX	6	21	27	105	47	6	212	5	12	34	65	9	0	125	337
MONMOUTH	4	12	19	187	80	7	309	5	14	9	57	19	1	105	414

Medical and Dental Clinics
Sessions Held, Attendance
Migrant Health Program
New Jersey
1971

	Total	Gloucester	Mercer-Midd.	Monmouth
Attendance	859	255	376	228
Family Health Clinic Sessions	32	11	11	10
Average per Session	27	23	34	23
Dental Clinic Sessions	36	17	11	8
Attendance	214	62	92	60
Average Per Session	7	4	8	7

Special Services Present at Migrant Clinics

	Gloucester Sessions	Mercer-Midd. Sessions	Monmouth Sessions
Diet and Nutrition	2	6	
Food Stamp Application		5	
Social Service	11	10	
Dental Health Education	8	8	7
Family Planning		11	
Health Education		5	
V. D.		3	
Lab Technician		2	
Interpreter	11		10
Volunteer Services	11		2

INTAKE AND SOCIAL SERVICE CASES SERVED
BY MONTH AND BY COUNTY
MIGRANT HEALTH PROGRAM
NEW JERSEY
1971

County	Total Cases Served	Cases Carried From Sept.	Intake Total	Intake by Month (New or Reopened)											
				Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.
Total	345	79	266	31	3	1	2	3	3	5	8	15	73	97	25
Gloucester	103	11	92	1				2			3	9	57	20	
Mercer-Middlesex	242	68	174	30	3	1	2	1	3	5	5	6	16	77	25

DISPOSITION OF SOCIAL SERVICE CASES AT CLOSING

County	Total Number of Different Cases Served	Total Closed	Services Completed	Made Own Plans	Referred Elsewhere	Undetermined	Active Cases Carried Over to October 1
Grand Total	345	230	165	26	21	18	115
Gloucester	103	100	61	13	8	18	3
Mercer-Middlesex	242	130	104	13	13		112

SUMMARY OF SELECTED
CASEWORK ACTIVITY
SOCIAL SERVICE CASES
MIGRANT HEALTH PROGRAM
1971

DISTRIBUTION OF INTAKE BY SOURCES OF REFERRAL

County	Total Cases	Public Health & School Nurses	Clergy	Health Agencies Including Hospital	(Local) Social Agencies	Physicians	Farmers	Crew Leaders	Police	Self	Relative	Interested Persons	Commonwealth of Puerto Rico	San. of Migrant Labor Bureau	Schools (Migrant)	State Dept. of Health for Follow-Up	Other:
Total	267	72	1	8	46		2	3		67	4	3		1	5	4	51
Gloucester	92	32		2	10					44				1		3	
Mercer-Middlesex	175	40	1	6	36		2	3		23	4	3			5	1	51

DISTRIBUTION OF INTAKE BY ETHNIC ORIGIN

County	Total	Gloucester	Mercer-Middlesex
Total	266	92	174
White	6		6
Negro	165	5	160
Puerto Rican	84	76	8
Mexican	11	11	

MIGRANT HEALTH PROGRAM
NEW JERSEY
1971

NUMBER OF SOCIAL SERVICE CASE WORK INTERVIEWS

County	Grand Total	Client			Collateral		
		In Person	Telephone	Total	In Person	Telephone	Total
Total	1639	835	81	916	257	466	723
Gloucester	456	239	5	244	37	175	212
Mercer-Middlesex	1183	596	76	672	220	291	511

DISTRIBUTION OF SOCIAL SERVICE CASES BY MAJOR PROBLEMS

County	Total Problems	Death (Burial)	Financial: Food and Clothing	Child Neglect	Employment	Physical Health	Mental Health	Mental Retardation	Family Relations:- Marital & Parent-Child	Illegitimate Pregnancy	Personal Adjustment	Housing & Environmental Conditions	Transportation	Legal Aid	Substitute Care of Children	Social Security and Medicare	Education	Recreation	Problems on Aging	Inadequate Child Care	Dental Problems	Inquiry for Out-of-Town Agencies	Other:
Grand Total	587	1	51		20	106	7		22	6	63	45	113	5	2	16	14	45	2		14	10	45
Gloucester	116		7		2	38			1	1	8	14	23	3		4	2				7	1	5
Mercer-Middlesex	471	1	44		18	68	7		21	5	55	31	90	2	2	12	12	45	2		7	9	40

PLEASE NOTE: The total number of problems will not equal total number of cases served as some families or individuals have more than one problem.

Surveys of Camp Water Supplies
Health Department Certification Program
Migrant Health Program
New Jersey
1971

County	No. of Camp Applications Received	No. of Camps with Satisfactory Lab. Reports	No. of Camps with City Water	Total Supplies Rated Satisfactory
Atlantic	128	139	4	143
Bergen	20	10	6	16
Burlington	64	59	7	66
Camden	49	32	3	35
Cape May	13	6	1	7
Cumberland	204	176	5	181
Essex	3	2	1	3
Gloucester	307	315	15	330
Hunterdon	8	9	0	9
Mercer	7	7	0	7
Middlesex	30	10	4	14
Monmouth	81	57	14	71
Morris	15	10	4	14
Ocean	11	9	0	9
Passaic	10	3	6	9
Salem	169	164	13	177
Somerset	5	3	0	3
Sussex	7	6	0	6
Union	7	4	3	7
Warren	20	17	0	17
Total	1158	1038	86	1124

New Jersey Department of Education
Migrant School Health Program
1971

Health Screening Services	Number Screened	Referred for Further Test	No. with Positive Findings	Recommended for Treatment	Secured Treatment or Prosthesis
Dental	1386	1132	1132	1132	1052
Audiology	2028	60	44	30	28
Eye Screening	2215	391	118	118	118
T.B. Test	1349	8	0	4	4
General Physical	2173	135	89	89	43
Ear & Nose		25	18	18	14
Throat		30	7	7	5
Heart		25	23	23	12
Hernia		30	20	20	5
Orthop.		25	21	21	7

Dental Services

County	No.of Schools	Enroll-ment	Number Screened	Number Treated	No. of Visits	Extractions		Restorations	
						Perm.	Decid.	Amalgam	Other*
Total	13	1742	1386	1052	1341	92	328	1123	336
Atlantic	2	261	261	176	176	28	65	208	3
Burlington	1	90	90	90	168	11	100	26	22
Cape May	1	110	110	110	123	8	1	64	103
Cumberland	4	735	379	329	443	26	88	411	127
Gloucester	2	160	160	103	160	3	31	115	18
Middlesex	1	102	102	102	129	14	30	191	42
Salem	2	284	284	142	142	2	13	108	21

* "Other" includes some unspecified procedures, as well as restorations.

NEW JERSEY STATE DEPARTMENT OF HEALTH

MIGRANT HEALTH PROGRAM

INFORMATION SHEET

HEALTH SERVICES FOR MIGRANT WORKERS

Public Health Nurse Visits to the Camp

Emergency admission to the Hospital (when not covered by insurance)

Prescriptions (when authorized under the Program)

Visits to doctor's office (when not covered by insurance)

Emergency dental treatment

Social Service help

SPECIAL EVENING CLINICS (Held in Counties marked *)

Including general physical examination, medical and dental treatment and special eye examinations, plus social services.

WHERE TO CALL FOR INFORMATION OR SERVICES

	Atlantic	Atlantic County Health Department	625-6921
	Burlington	Public Health Nursing Association	267-1950
	Camden	Camden County Health Department	964-3300
*	Cumberland	Cumberland County Health Department	451-8000
*	Gloucester	Gloucester County Visiting Nurse Association (Nurse)	845-0460
		(Social worker at either number)	964-1990
*	Mercer	Princeton Hospital (Nurse)	
		Dept. of Community Health Service	921-7700 Ext. 265
*	Middlesex	Middlesex County Visiting Nurse Association (Nurse)	249-0477 Area Code 201
*	Mercer, Middlesex	Family Counselling Service (Social Worker)	924-2098 448-0056
*	Monmouth	MCOSS Family Health and Nursing Service	747-1204 Area Code 201 462-0621
*	Salem	Salem County Health Department Migrant Health Program	769-2800
	All Other Counties	State Department of Health Migrant Health Program, Trenton	292-4033

* *All listed services are available in these counties. EMERGENCY Nursing, Hospital, Physician and Dentist services can be authorized in any other counties. Call New Jersey State Department of Health, Migrant Health Program, Phone (609) 292-4033.*

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